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Early Malnutrition and Development

Communicating With Today's Teenagers

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Retarded and Normal Children at Camp

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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Early Malnutrition and Human Development 210
Delbert H. Dayton

Communicating With Today's Teenagers—An Exercise Between Generations 218
Eva Schindler-Rainman

What Do Young People Want? 223
Catharine V. Richards

Family Ties and the Institutional Child 226
Margrit Meyer

Retarded Children at Camp With Normal Children 232
Norman Flax and Edward N. Peters

Psychosocial Deprivation: What We Do, Don't, and Should Know About It 238
Elizabeth Herzog

book notes 241

here and there 242

in the journals 245

readers' exchange 247

Mothers, like babies, need to be well nourished, as this little girl seems to realize instinctively. (Or is it that she just needs help in getting rid of all that milk?) In any case, her brightness indicates her mother has been feeding her well and realizes the importance of good nutrition in early childhood. What is known and not known about the effects of malnutrition on early development are reviewed in the lead article in this issue.

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DELBERT H. DAYTON

The effects of malnutrition on human physical growth and mental development are of great concern today not only in less affluent countries of the world but also in the United States. However, while many studies on malnutrition have been carried out in various parts of the world, there is still a great lack of knowledge regarding the importance of proper nutrition to specific aspects of growth and development.

Investigators continue to search for knowledge of the critical developmental periods during which malnutrition produces organic change. If such change *is* produced by nutritional deficits, however, there are still the questions of whether it is reversible or permanent and of whether or not it alters the affected child's functional capacity. Studies are needed not only to answer such questions about nutritional effects but also to answer questions about the physical, biological, and sociocultural factors that also influence growth and development and are intimately related to nutrition.

One study that promises to produce important information is currently being carried out in Guatemala among matched groups of children from three rural villages where extreme malnutrition is prevalent. These children will be studied closely from birth until they are 7 years old. In each village, newborns will be assigned to one of the two groups. The children in one group will live on the customary diet of the people in the area; the children in the other group, matched

EARLY MALNUTRITION and HUMAN DEVELOPMENT

with the first on many important variables, are being provided a nutritious supplement. The comparison of the two groups of children as they grow older will provide important data not available from cross-sectional studies. Multifocused and interdisciplinary, the Guatemalan study involves the behavioral as well as the biologic sciences.

In the United States, two nutrition surveys are being supported by the Department of Health, Education, and Welfare (HEW), one through the Public Health Service under the direction of Arnold Schaefer, chief of HEW's nutrition program, and the other through a Children's Bureau research grant under the direction of George M. Owen, associate professor of pediatrics at Ohio State University. Although neither of these studies has been completed, their preliminary data indicate that malnutrition among certain groups of children also exists in the United States. The problem in the United States differs in cause and degree from that in less affluent countries and so requires different methods for solution, but the basic questions needing to be answered about the effects of malnutrition on growth and development of children are the same. New or improved nutrition programs will need to be organized wherever malnutrition exists, but these will be most useful if they are designed not only to serve the needs of malnourished people, but also to establish a baseline of information from which their success or failure can be measured. Evaluative methods built into such programs could help answer many remaining questions about the specific effects of malnutrition.

For many years there has been controversy among biomedical scientists regarding the effects of a woman's nutritional status on the product of conception. Until the Second World War, it was generally believed that the health status and nutritional status of women during pregnancy were of minor importance to fetal development. The fetus was considered to be a parasite that could obtain all it needed from even a nutritionally deficient mother. However, this assumption began to be questioned after the war when analyses were made of the records of malnourished women in Holland [1] and other parts of Europe [2, 3] who gave birth during periods of extreme wartime starvation. In Holland, the median birth weight of the babies born in these periods was 240 grams less than the birth weight of prewar babies, and birth length was also less, but the decline in birth length between the prewar and wartime periods was much less than in birth weight. Other studies have shown varying decreases in birth weights between the prewar and postwar periods, but the weights remained within the normal range for full-term newborns.

Further information on the effects of maternal nutrition on fetal development is needed to determine whether a small difference in birth weight makes a difference in the child's prenatal and postnatal development and functioning. Studies in this area are

especially important since maternal malnutrition is known to be associated with increased rates of morbidity during pregnancy and of premature delivery. However, a cause-and-effect relationship between maternal malnutrition and either morbidity or prematurity has not been established. Many other factors that might also be contributing to these phenomena exist in areas where malnutrition is endemic.

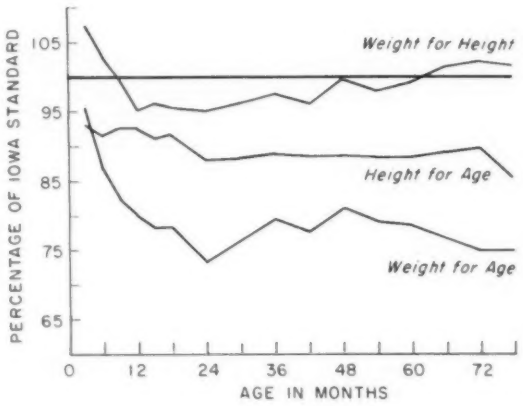
In studies of maternal malnutrition, it is important to distinguish between an acute, sudden onset of malnutrition of a specific duration in a population—as in a war—and the type of chronic malnutrition that exists in developing countries. Evidence is increasing that the nutritional experiences of the potential mother before conception may also be extremely important to subsequent intrauterine growth. This means that where malnutrition occurs in critical periods of development, such as adolescence, future generations may be affected.

Various studies have shown differences in birth weights according to socioeconomic status within the same ethnic group. Their results are complicated by sample bias caused by the inclusion of hospital patients or the inclusion or exclusion of premature infants. However, in most studies of Europeans and North Americans, mean birth weights are about 3,300 grams, whereas mean birth weights in other populations are nearer 3,000 grams.[4] Because of the wide variation in normal birth weights within any one group, such differences are difficult to assess. Better knowledge of body composition and stores of nutrients within the bodies of the children in these two groups would be helpful.

Some studies have shown that breast-fed infants from areas in various parts of the world have patterns of growth during the first 6 months of life very similar to well-nourished infants in North America.[5] Many studies in developing countries also suggest that growth progresses satisfactorily during the first 4 to 6 months of life while the child is breast feeding and the mother's milk supply is adequate. But growth normally progresses rapidly in infants, and after 6 months, or even sooner, breast milk alone may become inadequate to sustain a child even when the mother's milk production is maintained. Where the mother's milk is not supplemented with other foods, the growth patterns of breast-fed children begin to diverge from the North American standards. Studies have shown that even though growth velocity normally slows down at a later age, the child may never be able to catch up to the original growth curve.

Small size per se is not what matters to the health of the child, but what may go with it—possible changes in metabolic pathways, body composition, and ultimate functional ability. If such changes do occur, research is needed to determine the most critical periods for growth failure and whether changes that occur in these periods are reversible. In many developing countries, it is not uncommon for breast feeding to continue throughout the first 18 to 24 months of life and supplementation of the diet with solid foods to be inadequate and begun late. If the supply of maternal milk is insufficient or if the mother is unable to nurse, the life of the infant is greatly jeopardized, for inadequate substitution of other food may result in serious protein malnutrition and poor hygienic conditions may result in fatal infection from contaminated, prepared formulas. This underscores the great importance of a good supply of breast milk for such infants—a supply which seems to be related to the nutritional status in the mother. In the United States where formulas are extremely popular, insufficient breast milk supplies and unsanitary feeding conditions are not such a great problem. But mothers need to be made fully aware of infants' nutritional needs during the early months when growth and development proceed rapidly. Children

IOWA HEIGHT AND WEIGHT STANDARDS
400 RURAL GUATEMALAN MALE
PRESCHOOL CHILDREN—1967



in certain poverty-stricken groups of the United States appear to have the same nutritional problems at the age of weaning as children in developing countries.

A composite picture of the growth patterns in some 400 male children from 1 month to 78 months of age in rural Guatemala is shown in the graph on page 212. A similar pattern has also been found in a sample of female children of the same age and background. The diets of these children were significantly deficient in calories, protein, riboflavin, and vitamin A.[6] The straight horizontal line at 100 percent in the graph represents the mean weight for age, height for age, and weight for height of children studied in Iowa, known among nutritionists as the Iowa growth standards.[7] Birth weights are not available from the Guatemala study. The graph shows that both weight and height for age in Guatemala fall below the Iowa standards throughout all ages, but the deficit is very small in the first few months of life. But when the child's weight is considered in relation to his height, regardless of the standard for his age, the Guatemalan children follow the Iowa standards more closely. However, the Guatemalan children are very short, which may be a result of malnutrition. Therefore, when their weight is considered even in relation to such a substandard height, they still show a weight deficit from the latter part of their first year until they are about 42 months old.

This graph brings out the marked importance of the second year of life in demonstrating growth deficits. At this age, the child is still dependent upon others to supply his nutrients and cannot fend for himself. He is affected by food taboos and cultural patterns that dictate what his family considers to be proper food for him. He is constantly exposed to infectious agents, especially when he lives under poor hygienic conditions. And if a second child comes along at this time, he loses the maternal milk supply that may be acting as the sole source of protein in a meager diet. This is the age when the classic picture of severe protein malnutrition (kwashiorkor) frequently becomes evident.

Mental development

There is a great deal of concern today over the possible effects of malnutrition on mental development. This can readily be understood in view of the great numbers of children in the world who are malnourished and who, therefore, may not only fail to achieve optimal physical growth, but may be unable to realize their full potential for mental maturation.

Studies of animals have shown that the effects of malnutrition on the nervous system and total body growth are dependent upon the time, duration, and the severity of the nutritional deficit.[8] Throughout the life cycle there is an orderly development of body tissues. Certain tissues seem to have a higher priority for development at particular times of life during which they are more vulnerable to the insult of malnutrition. The level of functioning of the endocrine system may also affect growth patterns modified by malnutrition.

Today tissue growth can be measured indirectly by determining the number of cells within a given organ. Since the amount of desoxyribonucleic acid (DNA) within the nucleus of a cell is constant for any given species,[9] the total number of cells can be calculated by measuring the total amount of DNA within an organ.

Studies of animals have indicated that growth in all organs occurs in three phases: (1) hyperplasia, during which the number of cells increases; (2) hyperplasia and hypertrophy, during which the number of cells continues to increase and the size of the individual cells also increases; and (3) hypertrophy, where growth occurs only by increase in cell size.[10] These studies suggest that during the phase of hyperplasia, malnutrition can interfere with cell division, resulting in fewer cells in the brain, which seems to be a permanent effect, whereas malnutrition during the phase of hypertrophy results in a smaller than normal cell size, which can be corrected by providing adequate nutrition.[11] Therefore, the nutritional status during the phase of hyperplasia, in the early periods of nervous system development, would seem to be exceedingly critical.

In humans the greatest growth spurt for the brain occurs during the fetal period. By the end of the first

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year of life, the brain has assumed approximately 70 percent of its adult weight, and by the end of the second year its growth is almost complete. Studies of the human brain have shown a very rapid increase in DNA content toward the end of the period of gestation; the increase slows down after birth but continues until the child is 5 or 6 months of age.[12] These findings suggest that cell division in the brain normally occurs during gestation and the early part of the first year of life. Markedly fewer cells (less DNA) were found in the brains of a small sample of children who died of malnutrition during the first year of life than in the brains of a sample of well-nourished children who died in accidents.[12] It is not known whether this represents irreversible change or how severe the nutritional deprivation must be to show these effects. But, the studies demonstrate the importance of gestation and early infancy in nervous system development.

Validation needed

These results must be validated in larger studies. Furthermore, such biochemical studies of malnourished children need to be coupled with detailed information about the mothers' pregnancies, the severity and duration of the malnutrition and the periods of gestation and early life in which it occurred, and the health and nutritional status of the mother. Such studies also need to be related to the level of the child's later mental functioning. Past studies of intellectual development in malnourished children have shown significant differences on mental tests between malnourished children and better nourished children in control groups.

For example, Stoch and Smythe,[13, 14] in Capetown, South Africa, compared a group of children so severely malnourished as to be marasmic with a control group matched for age and sex. Both groups represented children from the lower socioeconomic level. After an 11-year followup during which the diets of the experimental group were improved, the group that had been severely malnourished continued to show significantly lower results than the control group on physical measurements (height, weight, and head circumference) and on various intelligence tests.

Differences were especially significant in visual-motor ability and pattern perception, when measured by the new South African Individual Scale. Because of inadequate dietary information during the later part of the study, these deficits cannot be explained on the basis of early malnutrition alone. Moreover, differences in the social environment of the two groups were variables that could also be responsible for part of the difference found on mental tests. However, the smaller head circumference in the malnourished group, suggests that a stunting of brain growth may have resulted from malnutrition during the period when brain growth is normally rapid.

In Guatemala, Klein [15] compared a rehabilitated group of severely malnourished children with a similar group of children who had never manifested overt signs of severe malnutrition. He demonstrated differences between these groups on a battery of psychological tests in items involving short-term memory.

Cravioto,[16] using Gesell's methods, studied a group of 20 Guatemalan infants and preschool children who had recuperated from severe protein malnutrition, following some of them 6½ months. These children scored lower than a control group of children, matched for age and ethnic background, who had never manifested signs of severe malnutrition. As the children grew older, the differences between the two groups became less marked in the areas of adaptive, motor, language, and personal-social behavior, except for those who suffered malnutrition very early in life. Infants who had recovered from severe malnutrition before they were 6 months old continued to show deficits throughout the study. These studies also suggest that early malnutrition during the period of rapid brain growth might produce permanent mental deficits.

In a later study of rural Guatemalan children from 6 to 11 years of age, Cravioto correlated stature with neuro-integrative function.[17] Ranking the children by height for age, he selected one group from the quartile including the shortest for age and another from the quartile including the tallest for age. All the children were from the same rural village and of the same ethnic background. The children from the lower quartile for height produced a greater number of errors on intersensory testing, but these differences diminished with increasing age. However, these studies do not provide evidence that malnutrition alone was responsible for the differences in intersensory testing since social impoverishment may also have been a factor. A similar study of a group of upper class urban children, also in Guatemala, did not demonstrate such differences associated with stature.

Further studies of mental development in malnourished children as measured by psychological

tests are needed. At present, almost all available information comes from cross-sectional studies of children and very little from longitudinal studies that follow the same children over an extended period of time. Without information from longitudinal studies, it is difficult to prove a cause-and-effect relationship between nutrition and mental development. Many factors other than nutritional status can affect a child's mental functioning—parent-child relationships, parental expectations, intellectual stimulation, infectious diseases, parental intelligence, sociocultural patterns, and other genetic and environmental factors. The longitudinal approach to research is also necessary to determine the periods of life when mental development is most vulnerable to malnutrition, the degree and duration of malnutrition required to produce functional change, and whether or not such change is reversible.

Nutritional assessment

Growth retardation and various clinical syndromes resulting from malnutrition in animals and man have been described in the professional literature for many years. In 1931, Cicely Williams first described the syndrome now called kwashiorkor when she was working in the part of Africa then called the Gold Coast (now Ghana). Although kwashiorkor involves multiple nutritional deficiencies, the major cause is an extremely inadequate intake of protein foods. Dr. Williams not only described the main clinical features of kwashiorkor, a condition that if unchecked leads to marasmus and eventual death, but she also produced cures by feeding milk to children suffering from it, thereby showing that this was a disease of malnutrition.

Surveys to determine the prevalence of protein-calorie malnutrition followed in Africa,[18] Central America,[19] Brazil,[20] and other parts of the world. Their findings suggest that perhaps two-thirds of the children in developing areas of the world are not obtaining enough to eat. This does not mean that these children are all suffering from kwashiorkor. On the contrary, probably only 5 to 10 percent at any given point in time can be shown to exhibit this severe form of malnutrition. But it would not be unrealistic to state that at least 50 to 75 percent of the children in the developing countries have a degree of malnutrition that has caused physical growth failure as evaluated by height and weight data and assessment of bone development. Nutritional problems in the United States, though less extensive, do exist.

An assessment of the nutritional status of a population, including identification of deficiencies, is essential for sound social and economic planning. As a first step in such an assessment, it is important to find out what kind of food is available to the population, how food is distributed between different socioeconomic groups, and how and what the patterns of consumption are in these groups. A review of morbidity and mortality data will identify the groups within the population that are at high risk of malnutrition. Dietary surveys of individuals or families in a selected sample of these groups can provide much pertinent information. Clinical nutritional examinations, anthropometric studies, and bone X-rays can provide information on deficits in health and in physical development, while biochemical studies can aid in evaluating nutritional status and in determining recent nutrient intake.

In studies of bone maturation, radiographs taken of the hand, to determine the cortical thickness of the second metacarpal bone, and of the wrist, to identify the order and timing of appearance of ossification centers, have shown significant differences between well-nourished populations and poorly nourished populations.

An alert, healthy baby, like this one, is a baby who receives sufficient nutritious food—a condition unmet for millions of infants in the world's areas of poverty.

Biochemical determinations in population surveys permit assessment of adequate or inadequate protein intake for the total population. At present, however, these biochemical tools are incapable of identifying protein deficiency in an individual child until shortly before the onset of overt kwashiorkor. This is because there is a wide range of normal values among individuals and also because the homeostatic mechanisms of the body compensate for nutritional deficits until the point at which the internal equilibrium is overwhelmed and biochemical disease results.[21] Therefore, still more sensitive tests are needed for the evaluation of individual nutritional status.

At present, in assessing the nutritional status of an individual child, the guide most frequently used is evaluation of height and weight over a period of time and comparison of this pattern of growth with previously established growth standards based on a well-nourished sample. Any marked variation from an established growth pattern over a period of time suggests the need to evaluate the child further to determine the cause, including in the evaluation an assessment of nutritional intake, biochemical determinations, and general health status.

Although clinical signs of malnutrition have been used to assess nutritional status, it has been found in Guatemala that these signs do not occur in the preschool child with sufficient frequency to be of great value.[22] They are of greatest evidence in the very severe cases where no doubt about the existence of malnutrition is any longer possible. In the less severe stages of malnutrition, they are not as frequently found. Moreover, some of the early signs of malnutrition are not specific to malnutrition alone and interpretation of these signs must always be made with the aid of biochemical, anthropometric, and dietary information.

The effect of infectious disease on the malnourished child is also an important consideration in an overall assessment of nutritional status. Full-blown kwashiorkor is frequently triggered by an infectious episode in a child who is living in a state of precarious nutritional balance. When this precarious balance is upset by the added insult of an infectious process, the child can no longer compensate for the chronic nutritional deficits. Moreover, in children with such a precarious nutritional balance, the common childhood diseases like measles and chickenpox bring markedly increased mortality and morbidity. Thus, the synergism, or interplay, between nutrition and infection [23] complicates any prediction regarding the development of the child caught in a complex net of nutritional deficits, poor hygienic conditions, inadequate medical care, and sociocultural patterns that tend to perpetuate such problems.

Some solutions

The most obvious solution to the problem of malnutrition would seem to be to provide food. But this is a markedly oversimplified solution for such a complex problem.

There is, of course, real reason to be concerned about food shortages in many parts of the world. Attempts have been made in the past to provide surplus food from the more prosperous countries to feed the hungry in less prosperous areas. However, such surpluses are dwindling and are not presently adequate to feed all the hungry people in the world. In addition, there is the problem of high costs of transporting such foodstuffs for great distances, losses due to spoilage, and destruction by pests and rodents in transit and in storage. At best, supplying food from other countries is a temporary solution to an increasingly serious problem. Ultimately, it becomes essential for supplemental food supplies to be produced in the areas in which they are consumed. But this measure, of course, does not solve the problem of malnutrition in prosperous countries like our own where nutritious foods are abundant.

In the prosperous industrial nations, foods containing protein of high biological value come primarily from animal sources. Since abundant animal protein products are not available in developing countries, mixtures of plant proteins are being investigated as possible substitutes. Various mixtures of plant proteins of high biological value have already been utilized in some parts of the world. Seafood products are also being investigated as a source of needed protein. It will take time to evaluate the adequacy of such dietary supplements for inducing acceptable growth and development in infants and young children.

It has long been known that if a food supplement is to be successful in nourishing a malnourished population, it must be acceptable to the people for whom it is intended. Changing food fads and habits even in malnourished populations is extremely difficult. Therefore, nutrition education is of the utmost importance to any nutrition program, whether in the United States or in other countries. Economic problems also have to be reckoned with as high cost food supplements could not be purchased by low-income families, the greatest victims of malnutrition.

Malnutrition is now recognized as a major factor in childhood morbidity and mortality, as well as growth failure, wherever poverty exists. However, any attack on this problem to be successful must also include an attack on related sociocultural problems, especially the problem of psychosocial deprivation in early life. Dynamic nutritional programs are certainly needed both in our own country and in other countries. But the search for more knowledge about malnutrition and its effects must go on if malnutrition is to be prevented and corrected. Information gained from investigations in developing countries, as in the Guatemalan studies, have implications for the improvement of nutritional status as important for children in the United States as for children elsewhere.

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. . . And so social scientists or political scientists have got to be very careful; the legitimate inquiries they make as scholars can be used by any number of unscrupulous politicians and their followers to justify otherwise unconscionable delays, to support the formation of studies or commissions whose purposes are sometimes clear indeed: deflect what sentiment for *action* remains, appease what lingering outrage or shame persists, preserve "things" altogether, or give only the slightest ground, and in general postpone rather than encourage changes, no matter how urgently needed by millions of men, women, and children.

Robert Coles,* "Still Hungry in America," *The New American Library, Inc., in association with The World Publishing Co., Cleveland, Ohio, 1969.

COMMUNICATING with TODAY'S TEENAGERS

an Exercise between Generations

EVA SCHINDLER-RAINMAN

In a world so technologically advanced that we can send men to the moon and talk with them while they are there, it is both amazing and terrifying to realize that we do not communicate well with each other here on earth. Countries are divided from each other, people within countries are fighting with each other, the young confront their elders, and the elders condemn the actions of the young.

As John Gardner has said, this is a time for self-renewal of the society.[1] Renewal through intergenerational dialogue can perhaps contribute both inspiration and methods for this kind of effort. As a small beginning in breaking down the communication barriers between the generations, the author of this article during this past year has designed and conducted a series of "happenings" to bring young people and adults together to look at their mutual resources and problems. These happenings have been based on the following assumptions:

1. A serious problem facing our society is the lack of communication between the generations.

2. There are a number of generation gaps. They exist between middle-aged persons ("middlers") and their elders, between "middlers" and "youngers," and of course also between "elders" and "youngers."

3. People in the helping professions have little or no real understanding of the generation gaps and little or no skills in narrowing the gaps.

4. The gaps can be narrowed through intergenerational dialogue, understanding, confrontation, and the sharing of experiences.

5. All participants, regardless of age, bring unique ideas, ideals, and resources to a group learning experience.

These assumptions were tested in two conference-happenings—"The Generation Mix," sponsored by the Jewish Family Service of Los Angeles in December 1968, and "The Dialogue of the Ages," sponsored by the National Assembly for Social Policy and Development, in New York City in May 1969. The assumptions were given a more comprehensive airing in a 1-week course-happening—"Communicating With Today's Teenagers"—at the University of California at Irvine in August 1969, which is described in this article. Designed for teachers, parents, social workers, librarians, public health nurses, and other people interested in intergenerational dialogue, the course-happening was set up as a seminar, with the author as instructor. About 40 adults were expected, but 185 enrolled—176 for 2 hours of credit. In addition, 30 teenagers were recruited to participate in the discussions and demonstrations.

The purpose of this "course-happening" was to provide the participants an opportunity—

- To look at themselves and others of different generations and to pioneer in developing new directions for communication.

• To think; to try new patterns of behavior; and to learn about new ideas and trends.

• To use all the resources both "youngers" and "elders" brought to the course.

The course-happening began with a review of recent trends toward change in the United States—intergenerational gaps, racial problems, new employment patterns, new family patterns, increasing mobility, new sexual mores, drug usage, and health problems, such as birth defects and the various forms of heart disease.

Self-inquiry

The participants were then asked to think and write individually about the following statements:

1. These things I hold near and dear . . . .

2. These things I am not so sure about . . . .

3. These things I would never change my mind about . . . .

Without talking to his neighbor, each person filled out a self-inquiry sheet, listing his thoughts under each of the three headings. The exercise was revealing. For example, at the end of the course, a 12th-grade teacher wrote:

I followed my instructor's directions . . . to list the "things you hold near and dear." My list was my God, my family, my health, nature, books, myself, and memories. Then it was that the moment of truth arrived. As I read the list, I saw not the person I thought I was, but someone very different. I knew I loved all those things. I had always thought of myself as a teacher who loved students, but lo and behold, teaching was not included in my list and neither were my students.

Among the things held "near and dear," the adults mentioned the following: family; formal institutionalized religion; personal and material security; success in a chosen profession; ability to communicate; future goals, or "making it" at some time, some place, somewhere in the future; helping others; making money; doing things for a reason; and physical health.

The teenagers, on the other hand, mentioned self-love—which they described as oneself and his own interests always coming first. A 16-year-old boy explained, "The first thing you have to do is 'love yourself' and after that you can love somebody else." In response to an adult who challenged this value, the boy added: "It is probably true that one does not develop true love of self until one is a little older." A girl asked, "But why can't you love yourself on the way?"

Another thing that teenagers considered "near and dear" was time, "the essence of life." One girl commented, "Every moment is important and you should utilize it to the hilt." The teenagers also listed freedom to be oneself and to express oneself; physical health, because "all you have is yourself and you'd better take good care of yourself"; faith in something bigger than oneself, but not an institutionalized God; communication—including silence and nonverbal and verbal communication; appreciating life in the here-and-now, as opposed to adults who worry about tomorrow; finding a way of life; and morality, which was defined as doing "what you yourself think is right." "Everything that we do does not have to have a goal," the teenagers said. "After all, helping others is also helping yourself."

Under things that they were not sure about, adults listed religion, honesty and openness, the draft, and sex. Teenagers listed the value of formal education, sexual taboos, the draft, and formal religion. Formal religion, said one, "is just too commercialized."

Among the things they would never change their minds about, adults listed relations to their families, religious beliefs, love of country, disapproval of long hair on boys, and honesty in dealing with others. The young people listed their freedom, their right to try any experience, and their right to make their own decisions.

After making their lists, the 215 people were divided into 15 groups and moved to separate rooms to discuss what they had listed. Two teenagers were assigned to each group.

After the group sessions, a general meeting was held, at which the teenagers were asked to sit on the edge of the stage if they wished and join in the discussion of the adults' reports. There followed the first real communication between the generations.

Eva Schindler-Rainman, a free lance consultant in the behavioral sciences, conducted the course-happening at the University of California-Irvine she describes in her article. She also conducts seminars and special workshops at a number of other universities and provides consultation to national health, education, welfare, and recreational organizations, as well as to industrial groups. She received her Ph. D. in psychology from the University of Southern California.

"How can we encourage you?" asked the parents and teachers.

"Let us go our own way," answered the young people.

"How can we respect you, without copying you?"

"My teacher is cool; she is three-dimensional. She has a lot on her own; she loves kids; and she really has a groovy classroom."

Parents: "What if we find marijuana hidden in your room?" Teenager: "Sit down and talk about it with us."

"I want to change the United States because I like it."

"Change happens through change in self and then one is able to influence others."

"We've decided all that's hanging us up is people."

"Education could be a great thing; the high school could be a center for learning—but it isn't."

Role-playing techniques

At the next session, participants formed small groups to engage in brainstorming and role playing. After discussing the kinds of "hang ups" they had had with people of other generations, each group picked one problem to dramatize.

The instructor led one group in a demonstration of how to play out its particular "hang up." The actors included a teenage daughter who wanted to see the play "Hair," a father who disapproved, and a mother, caught between the father and the daughter, who was unable to make up her mind. In this role-playing situation, the instructor asked an adult to play the role of the teenager and a teenager to play the role of each adult. Behind each actor a monitor was stationed to keep the role playing realistic. For example, a teenager stood behind the adult playing the teenager, a man stood behind the girl playing the father, and a woman stood behind the boy playing the mother. The scene was played with several "stop-action" periods, in which the instructor discussed the problem and the monitors coached the actors. Then audience participation was invited. Using suggestions from the audience, the actors replayed the scene to demonstrate alternative ways of handling the situation. From this role playing, the audience learned that—

- Members of a family need time to learn to communicate with each other.
- Parents do not always need to agree, but they do need to be open and honest with their children.
- It is hard to listen to another person without looking at him.
- Both parents and teenagers need to be open-minded enough to be able to alter their ideas, stances, and opinions after discussion.
- It is all right to agree to disagree.
- It is important for members of a family to try to understand each other's world, even if they do not have the same points of view.
- Parents need to know what teenagers are really asking before setting rules for an activity.
- Conflict can be utilized productively.

The second day began with a brainstorming session on how to increase understanding between the generations. Divided into small groups, the participants were asked to think of ways to narrow the generation gaps. The suggestions called for members of both generations to learn to listen to each other; to try not to prejudge a person or situation; to "keep the lid off if you have to put people in boxes" to classify them; to work together on a creative compromise when neither the young nor the old have the answer; to put young people as voting members on decisionmaking bodies, such as boards of education; to encourage a broad spectrum of life styles, values, and mores.

The participants were then divided into the original groupings and returned to small rooms. Each group selected an intergenerational "hang up" to dramatize and appointed two observers to direct the role playing, keep the discussion moving, and record some of the ideas. Teenagers played the roles of adults, adults played teenagers, men played women, and women played men.

The 15 dramatizations included, among others, the following situations: the parents of a teenage boy were called to the high school after "pot" was found in his locker; a girl went to a Friday evening party and did not come home until early Monday morning; a girl's parents objected to her dating an older boy of another race; and a pregnant teenage girl did not want to marry her boy friend.

Such role playing helped the adults become aware of the "binds" that today's teenagers get into with their increased freedom of movement, opportunities for sexual relations, and easy access to drugs, and the teenagers' genuine need for understanding from, control by, and communication with adults.

The next activity divided the 215 participants into

trios. They were told to pretend they were in a helicopter in January 1970. The adults were asked, "As you look down on your school, your health center, your library, or your home, what would make you happy about your relationship with one teenager or group of teenagers?" The teenagers were asked, "What would make you happy in January 1970 about your relationship with an important adult?"

Members of each trio helped each other probe deeper into and get more specific about the "images of potential" they had projected. Each trio selected one image to work on and outlined specific steps for action to realize it.

Alienation

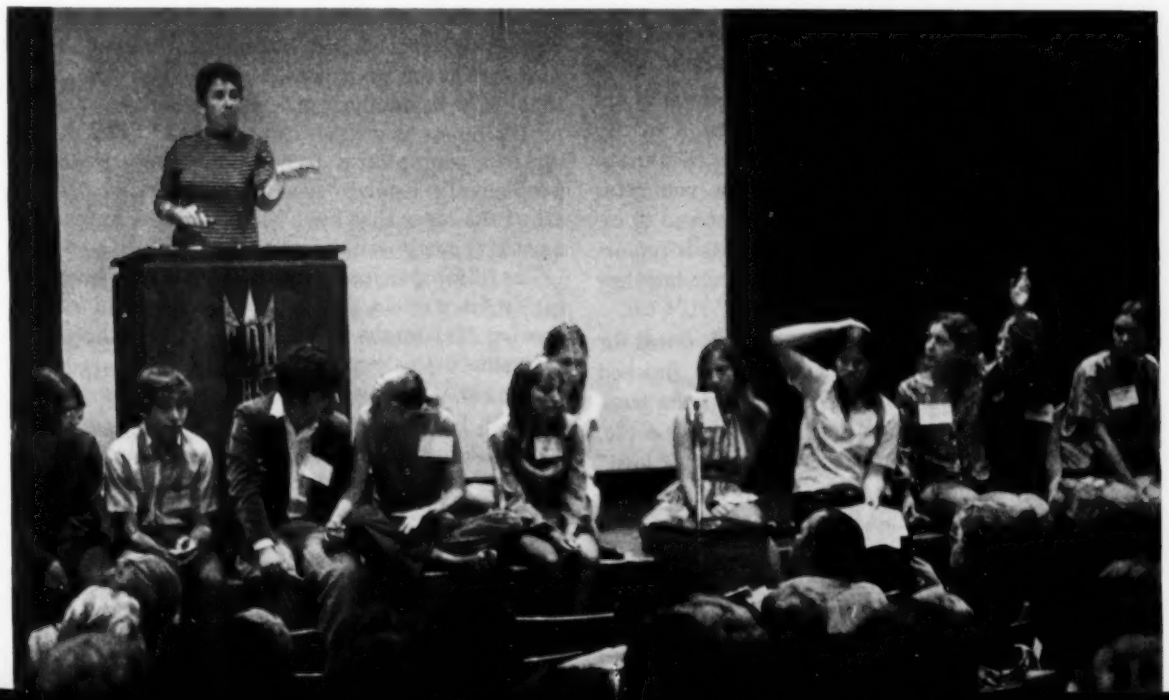
On the third day, a consultant, Frances Heussenstamm, a sociologist from the California State College, Los Angeles, helped the participants look at the problem of alienated youth. The chief cause of young people's alienation from society, she said, is the paradox in society's preachments and practices. She delineated characteristics of alienation as powerlessness, normlessness, meaninglessness, social isolation, and estrangement from self. For each of these characteristics, she played tape recordings of a number of rock songs that express the feelings of today's young people, such as "What's Wrong?," "Happiness Is a Warm Gun," "The American Metaphysical Circus," and "Stand!". Other songs expressed young people's feelings about various aspects of the social scene: poverty, racism, materialism, hypocrisy, pretense in interpersonal relations, irrelevance of education, and police brutality. Dr. Heussenstamm distributed a 17-page song sheet so that the audience could follow the words while listening to the music.

Participants formed new groups to discuss the feelings they had as they became aware of the meaning of the words of the songs while the music was playing and the implications of this experience on the adults' understanding of teenagers. Then, in a "talk-back" session, they reported on their discussions. They asked Dr. Heussenstamm such questions as "Do kids really listen to the words?" "Do they really like these songs?" "Do they really believe what the words say?" "How did middle-class kids get this way anyway?" "Is rock music drug oriented?"

Later, sheets were distributed that contained the words and music of six songs written by young people for a Catholic folk Mass. While the language differed from the protest songs, the Mass songs clearly expressed the desire for identity, the need to dream, the need for belief, and the need for one another. The theme of freedom came through in both types of songs.

An exciting conversation between the instructor and 14 teenagers gave the audience a chance to listen to the young people's points of view and to ask questions. It was amazingly easy to recruit the participants. Boys and girls, blacks and whites, came from

Teenage participants react to reports of small discussion groups in a "course-happening" on intergenerational communication.



the audience and joined the instructor on the stage. These young people held a wide range of opinions about this country, their schools, and their parents—from acceptance of the status quo to a belief in the need for total revolution. One militant teenager said, "We will have to shoot most of you before we are going to get any change." The instructor began the conversation by asking the young people:

What could adults do to make life better for you?

The teenagers' comments included:

Adults could show us they care.

Parents need to care.

Parents need to understand that kids want to do things on their own.

Love is more important than money.

Authoritarian directions just squash us.

Why not tell us what the rules are for or ask us to help make the rules?

Parents should live what they tell us to do.

Why are parents always running around earning money when they should be around with their kids?

Then the instructor asked:

What could turn you on about education?

The teenagers suggested that teachers "come out from behind the desk and become more human" so that students could know them as persons; that students participate in some of the decisions in relation to the way schools are run; that high school education be made to seem relevant to young people with courses on psychology and on the urban crisis.

When asked how home discipline could be more supportive, a teenager replied that parents who are not hypocritical are good models and that a family council could establish the kind of rules that make it possible for a family to function. One youngster said, "My parents have taught me to trust and to respect myself." Another pointed out that it is important for young people's parents to "stick to what they really believe."

This teenager-adult conversation was scheduled for only 1 hour. Because it was obviously not finished when the hour ended the instructor asked the teenagers if they wanted to continue. The young people, who described their participation as "a gift of love" to the adults, suggested that the adults decide. The vote to continue was almost unanimous, and the conversation went on for another hour. After it ended, each group of eight adult participants was joined by at least one teenager. The group members then spent an hour discussing the points that the teenagers had made.

In a meeting of the entire seminar, the participants discussed what they had learned and the ideas they would be taking home. Most frequently cited was a recognition that "it is all right for differences to exist." Said one participant, "We can probably cope with differences as long as we understand why they exist." For example, communication about the difference between the future-goal orientation of adults and the here-and-now orientation of young people might lead to acceptance by both groups. Participants said they learned that unless adults "really listen," they usually react defensively when their ideas, values, and goals are questioned.

Coping with conflict

After a lecture on conflict by the instructor, the participants divided into small groups to look at the real difficulties in coping with conflict and to find ways of using conflict productively and creatively. Members of one of the 15 groups regarded conflict as "so terrible" that they were unable to talk about even the positive aspects of coping with it or using it creatively.

The other groups, however, suggested a number of mechanisms for coping with conflict: flight; lying; forms of escape such as alcohol, cigarettes, and drugs; psychosomatic illness; sublimation; shouting; rejection; defensiveness; desertion; and referring the problem to a committee. Suggestions for coping constructively with conflict included calling on a third-party mediator, fractionalizing the conflict into parts that could be handled, and making a clear statement of differences as well as areas of agreement and coming to a compromise. It was pointed out that when people really listen to one another, they can often use all of the ideas that have been proposed in reaching a positive compromise.

The 176 participants who were taking the course for credit wrote a paper on what they had learned or what they might do differently as a result of their exposures in this course.

One participant wrote:

I considered myself a very understanding person and teacher, open to new ideas and able to accept my students for what they are. . . . After my experience here, I fully realize how wrong I was. I need to sit back and to take a look at myself before I can really communicate with others.

A junior high school teacher said he had enrolled in the course to discover how to improve his chances of communicating with today's "disrespectful, irresponsible teenagers." About the middle of the course it became obvious to him that he had not been open with his students. He commented: "I now know that what I really have to worry about is how to communicate with today's adults and help them communicate better with today's resourceful and fine teenagers."

Among other reactions:

I came to this class to try to understand just what is going on with today's youth and how better I can cope with it. I leave it much more concerned with just what is going on with today's adults, myself in particular, and how the young person can be helped to cope with it.

I feel strongly that most problem kids are really the product of problem adults.

I found that I did not have enough confidence in the student's own ability to make good decisions. I did too much of the work myself and did not involve them enough.

In a final lecture, "Tune In On—Or Turn On To—Intergenerational Communication," the instructor emphasized the need for continuing conversation between young people and adults. She summarized the blocks to intergenerational communication that the participants had identified and the resources available for surmounting them. Among the major blocks identified had been the lack of mutual trust and the disappointment about life felt by many adults and some young people. Among the methods that had been identified for improving communication between the generations were: taking time to build relationships of trust and communication; being available to help others; involving students as well as teachers and administrators in planning school curriculum; checking assumptions before making a judgment that boxes in another person; and being willing to be exposed to new ideas and patterns of behavior.

Effective intergenerational dialogue, the participants learned, requires persons of all ages—

- To be willing to listen and to hear.
- To guide, but not to goad, others.
- To be open-minded.
- To be innovative rather than imitative.
- To act rather than to react.
- To care enough to try.

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[1] Gardner, John: Toward a self-renewing society. *Time*, April 11, 1969.

WHAT DO YOUNG PEOPLE WANT?

CATHARINE V. RICHARDS

Although it would be convenient and impressive to capture in a capsule the hopes of young people, it is no more possible to do this than to identfy what adults want. But some things seem eminently clear, even in the unsettled turbulence of these troubled times. Young people do want to be autonomous, and they do want to maintain their integrity. Young people do want to be included in the life of society, not in the nurturing sense as children, but as persons recognized as capable of managing their lives and of contributing creatively to the development of the community.

As Piri Thomas pleaded so eloquently in a workshop called "Identity in a Troubled Time":

Tell us, are you sort of digging us kids all the way? Well, don't. We're older than you think, inside where you don't see, where you don't feel or hardly understand.[1]

Over and over again, it comes through loud and clear that young people want to be regarded as in-

dividuals, as persons in their own right and not as a category of human beings.

Unfortunately, the terms "youth" and the more inclusive "young people" usually designate a period in life when society ceases to regard the person as a child, but does not accord the person status, roles, or functions as an adult. As Erik Erikson has noted:

> **Youth shares with other groups, such as women and old people, the fact that the role assigned to it by nature has been elaborated by cultures as a set of differences from some standard human being, the norm, of course, being usually the normal adult male. The group is then judged on the basis of what it is not and will never be, or is not quite yet, or is not any more.[2]**

More precisely, this transition between childhood and adult status generally begins at about 10 years of age for girls and at 11 for boys. The physiological development occurring about this time usually is accompanied by new and increased awareness of self and others. For healthy young people, this step intensifies the continuing quest for autonomy—the search to be self-propelled, to manage oneself and the situations encountered in living.

Basically, by the age of 13 to 15, young people have the capacity to cope with their environment. But they lack the experience essential for developing the judgment necessary to negotiate with complex, urban living. Thus, there is heard the repetitive cry for an education that is "relevant."

A limited number of young people may be treated by others as adults when they are 14 or 15 years of age. But in most instances the cutoff point marking adult status ranges from the age of 17 or 18, when many State laws sanction employment, to 22 or 24, when young men or women conclude their higher education and enter the labor force or establish families.

Relevant questions

It may be that the recurring question "What do young people want?" is not the right question. Perhaps what is more relevant for a democratic society are the questions: "How can we (adults and young people) be most helpful to each other?" "How can we assure each person increasing opportunity to develop as an individual and as an active participant in a democracy?"

These questions are as old as this Nation. Of particular relevance for today is the related question: "Are we willing to pay the price for living in a democracy in terms of caring, sharing, personal discipline, and the other heavy costs exacted of those who are participating members?" Possibly this is what some young adults are wanting for themselves and others. For out of the garbled communication from the disenchanted, dissident, and protesting young adults may be heard the sharp criticism of a society that will tolerate injustices, inequities, and indifferences to human well-being.

Musgrove in his closely reasoned "Youth and the Social Order" [3] describes the situation and proposes some ways of managing the problem:

> **The reintegration of students with society is an urgent need not only for their own sanity and mature development (and proper sense of social values), but for their greater effectiveness when they eventually take up their careers. The unreality of contemporary student life, its apartness, its lack of immediate social relevance and sense of usefully contributing to the Nation's concerns are causes of stress and conflict, which can without great difficulty and even with considerable economy be eradicated.[3]**

Musgrove is stating the case for college and university students. An equally strong appeal can be made for the developmental needs of young persons 13 or 14 years of age. They should have the choice of alternative, equivalent routes to adult status. Such routes might well include the work-study programs that are now available for selected older students who have attained prescribed grade or dropout status. Conceivably, there could be volunteer work-study programs on various time schedules as well as more educational exchange programs. The exchange programs would provide young people experiences with travel, with people of difference in diverse sections of the Nation, and with managing themselves as individuals and as contributing members of the communities in which they would be studying.

The younger members of what is referred to as "youth" are not unaware of the frequent gaps between our Nation's ideals and its actions. But they are economically less free and physically more dependent than the older ones. These young people of 10 to 16 years of age are too often relegated to the

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periphery of community life and are frequently locked into a mass production system of education. Some of them manage this socializing interval with equanimity and zest; some endure it at great personal cost; and some refuse in various ways to accept the established process.

Young people's views

These young people assess life about them. When given the chance to air their views, they are perceptive, poignant, and provocative.

In a conversation concerned with "identity in a troubled time," a recent high school graduate about to enter college observed: "We don't understand what the hell can be wrong, because everything is so great for us in some ways." This point of view is echoed by other young people, but there are those who shade their observations with more certainty and cynicism.[1]

For example, a 17-year-old girl in the Midwest, when asked to describe problems of young people, wrote:

> . . . The kids are too sensitive to take the "be good Johnnys" . . . that the shallow parents dish out. They don't know what they want to do. They are smart enough so that they can see how ugly the trash, the "technological advances," and the "make the world safe for democracy" propaganda is. . . .
>
> This would not all be so rebellious, blatant, or futile if people loved and understood one another more. But they don't . . . so what's the use of wanting? I don't see where the world's going to be a better place just because we can now squeeze our oranges electronically.
>
> And I don't see what you can do about it. But maybe you can. Good luck! [1]

The voices of the reflective young people of college age are frequently lost in the strident noise of dissidence, demonstration, and protest. But the vast majority of the young adults manage to deal with the profusion of options and the confusions and pressures of this technocratic era with vigor, daring, and the willingness to question the purpose, the meaning, and the values that define life about them.

These many voices say in very distinct and diverse ways: "I am trying to be me. I am hard at work being the unique someone of worth that I am in a world that does not measure up to the promise of what I think it could be."

As the quotations cited illustrate, among the young there are those who are willing to search for answers and to tackle the problems with which they are confronted; some choose to run away and to leave to others the task of shaping a better life for people.

Still others among the young adults are willing to risk themselves in challenging the centers of power to try to effect a redistribution of powers. On and off campus, these struggles engage the energies and hopes of some and the empathetic response of young people. Challenges to centers of power usually generate crises, and occasionally erupt in violence. Violence is a very dangerous counter-productive instrument. At its worst, it destroys those who would use it to destroy others, social institutions, or ideas.

Challenges to the centers of power, to the national priorities, and to social arrangements reflect the young people's response to the world as they see it. Many young people are impatient and eager for action that will right the wrongs as they see them. Some few become the foils for persons who use the discontented, the problem-ridden, or the naive for political or personal gain.

Generally, this young population is overloading the established order with demands for change. They have learned that a democracy is supposed to be self-renewing and self-transforming in response to the changing conditions of the social order. But arranging the social resources to meet the urgent demands of changing views of what is possible is taxing the ingenuity and the capacities of young and old.

What do young people want? Their many voices send out varied cryptic messages. Although concerned adults may try to decode these messages for clues to what young people want, they represent only a fraction of what the situation demands today. If young people are to be autonomous persons with integrity who are cherished contributors to the development of community life, the time has come for adults to put themselves on the line as partners in action for communities worthy of the potentials of man—both the young and the not so young.

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[1] U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau: Identity in a troubled world. (In press.)

[2] Erikson, E. H.: Youth: change and challenge. Basic Books, New York, N.Y. 1963.

[3] Musgrove, F.: Youth and the social order, Indiana University Press, Bloomington, Ind. 1965.

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FAMILY TIES and the INSTITUTIONAL CHILD

MARGRIT MEYER

All children need family ties. They need them whether or not they are able to live in their own families. And for this reason, child-placing agencies during these last few decades have strengthened their work with parents and relatives while children are being placed in adoptive homes, foster homes, group homes, and child-caring institutions. Some parents have been helped to resume full-time care of their children. But, unfortunately, some parents have been unable, even with agency help, to maintain even a minimum role in the lives of their children. Some of these children are placed in adoptive homes; some find a supportive foster family. But others arrive at the doors of child-caring institutions with practically no ties to adults meaningful to them.

If a separation of the child from his family takes place abruptly and work with the family in behalf of the child ceases at that point, the chances for the child's eventual reunion with his parents may be lost. Moreover, the child's ability to develop new family ties may also be severely impaired. Even for such children, however, an institutional placement need not be the end of a family relationship. Some children may be helped finally to recognize that their parents or relatives will never be able to provide a home for them and so may eventually be able to accept a substitute family. Even those children too hurt from past experiences to be able to accept the close relationship required in family living may be helped to develop a certain sense of family belonging through opportunities to visit part-time foster families or to keep in touch with brothers and sisters or others with whom they have had meaningful relationships.

The foregoing observations are based on experiences with children at the Cunningham Children's Home, a church-related institution for emotionally disturbed school-age children in Urbana, Ill., that has a capacity of 52 children and adolescents, 10 of whom live in two small group homes for teenagers. Cunningham accepts children from the public welfare department and from voluntary child-placing agencies, including many who have been committed to the care of these agencies because of parental neglect. However, it only takes children from any source who are well enough to attend the local public schools.

In contrast to the population of most other child-caring institutions, 80 percent of the children admitted to Cunningham are of high-school age, and most of these remain until they finish high school. Only about 10 percent of those admitted each year are ever returned to the care of their own parents. Five percent leave the institution to go into foster homes obtained by the institution. These are usually younger children.

Some practical advice

On the basis of experiences with children placed in Cunningham, I would advise placement agencies or, if necessary, institutions to carry out the following procedures *when at all possible*:

1. ***Involve the child and both his parents in the preplacement planning*** through family interviews that are focused on the need for placement.

This should be the responsibility of the placing agency.

The casework staff at Cunningham is ready to assert almost unequivocally that the greater the degree of the child's and family's involvement in the preplacement and placement planning, the more likely he is to accept the separation from his family, the less resentful he will be of the placement, and the less need he will have to produce grandiose fantasies about his family. Others have made similar observations.[1, 2]

Betty B, a Cunningham child, provides a poignant example of the destructiveness of abruptly separating a child from his parents.

When Betty was 6 years old, she and her brothers and sisters were suddenly removed from their par-

ents because of inadequate care. The children were at the same time separated from each other. Some were placed in institutions and some, including Betty, in separate foster homes. Betty came to Cunningham at the age of 10 after having failed to adjust to four successive foster homes. She did better in the institution, but as her behavior improved, she began telling stories around the campus about what had happened to her parents: they had died in an automobile accident; they had been killed in a fire. She also told tales about the fun the family had had together.

Recognizing the necessity of helping Betty face reality, her caseworker encouraged her to remember and accept the past. Gradually, Betty was able to recall the dirty, ill-kept home, her parents' heavy drinking, and the abuse to which her father had subjected her mother. Nevertheless, she wanted desperately to see her parents again. When the placing agency reported having lost track of them, Betty said to her caseworker at Cunningham, "If I can't have my own family, find me another one."

The institution did find potential foster parents for Betty, and after she had visited them regularly on weekends for several months, she was moved into their home for full-time care. She adjusted well at first, but after a while she again began to tell fanciful stories about her own parents. The security of having a home of her own seemed to give her a sense of guilt at having abandoned her own family.

Convinced that Betty would not be able to accept surrogate parents until she came to a realistic assessment of what her own parents could or could not offer her, the institution then attempted to find Betty's parents, and did so. Regular visiting between Betty and her own family followed for awhile. Unfortunately, by the time Betty began to see that her own parents could never provide her with a suitable home, the foster family had become too afraid of her emotional problems to reaccept her into their home on other than a visiting basis.

It cannot be said with certainty that Betty's life would have taken a markedly different turn had she been better prepared for the separation from her parents and been given greater support in the subsequent months; but it seems very likely that under such circumstances she would have suffered less trauma and adjusted better to foster care.

2. ***Request parents to go on the preplacement visit to the institution*** with the child and the agency worker. If a parent refuses to do so, help the child see that it is the parent's refusal, not the agency's prohibition, that accounts for the parent's absence.

3. ***After the placement, schedule family conferences regularly,*** involving parents and all the children in the family, including the placed child.

These conferences can bring the institutional caseworker an understanding of the needs of the individual family members so that he can help them to greater self-awareness and can support their efforts to strengthen areas of weakness.

After a series of such family conferences, Cunningham has been able to return a teenage girl to a once seriously disorganized family, for the mother has become more outgoing, the father has become more aware of his own shortcomings as a father and a husband, and all concerned have determined to carry out their family responsibilities more adequately.

Another family group, through family conferences, has come to recognize the intractability of one of its members as an insurmountable block to the child's returning home permanently. The important point: the family, not the agency or worker, made this clear to the child.

4. ***Permit the child to visit his family*** at his request unless this is denied him by the family.

Such visits of course will precipitate behavior problems, and these will need to be discussed with the child and the adults involved—houseparents, foster parents, caseworkers, *and* the child's parents. The child's houseparents, or his foster parents, as the case may be, may especially need help in understanding the importance of the visit home and the meaning of the child's disruptive behavior afterward.

Another example of how a visit home can help children reach a real understanding of why they cannot live at home is provided by Mary, a highly disturbed teenage girl, who had little preparation for her placement in Cunningham. On the theory that a visit home would only upset Mary more, the institution at first denied her repeated requests for per-

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mission to go home to see her parents. However, her behavior deteriorated, and eventually the institution and the placement agency agreed that little could be lost by granting Mary's request.

Mary went home for a weekend, and since then her attitude toward the institution and its staff has changed. No longer is it, "You people are too mean to let me go home." Now it is, "I'm really treated with more concern here than at home. But I'm still unhappy. What can I do about myself?"

Mary is still an agitated, disturbed youngster, but with the help of her caseworker she is growing in self-knowledge and self-awareness. We are confident she will eventually change her behavior.

5. ***If the family refuses to have the child at home, see that the family makes this clear to the child*** in a direct confrontation when the child is ready for it. Such a confrontation helps the child face reality.

This proved true in the case of John, an adopted child who came to Cunningham at the age of 14. John had been treated like a pampered pet until he was 6 years old when his adoptive mother gave birth to a baby and suddenly found she no longer needed him. From then on he was at best only tolerated, and as a result he developed behavior problems, which led to his placement at Cunningham. It took years for John to accept the fact that his mother had permanently rejected him. He developed a fantasy that if only he behaved in an acceptable way at Cunningham and on his visits home he would be reaccepted by his family.

Following are some excerpts from the institutional caseworker's record:

The family continues to play the all-important role in John's life. They visit him here; he has visited home four times since summer's end. The dramatic thing in these visits has been their lack of drama—John has done well, no fireworks.

John's father has admitted to me that his wife will leave him and take Peter if he pushes her about John. He feels inadequate and tied. He knows she would like to disinherit John.

All of this crystallized in the post-Christmas meeting with me when for the first time the mother said she did not want John at home, and that she knew we all thought it was her fault. The father neither supported her nor fought her. Silence. . . .

And then 10 months later—

There have been no significant changes in anyone or in their relationships. Visiting here was fairly regular until the strike when the family excused themselves because of a pinched budget and difficulty in planning because of the father's odd jobs. The father was planning on having John home during his own summer vacation but because of the strike he never had one. . . .

John vacillates. He wants to go home to stay, he doesn't; he wants to have his parents, he doesn't. At the bottom of all of this is his desire to have them full time or to expel them from his life—but this is too frightening.

He has gone so far as to demand that they have him home or sign permission for him to enter the Army. Then he will go to Vietnam, make sure he is shot, and they will have murdered him. During this period, the mother was forced by John and the worker to tell him that she did not think she could ever have him home again except for visits.

For several weeks after this entry, John acted out his despair in recurring episodes of disturbing behavior. But gradually he learned to accept his mother's rejection and his father's inability to take a stand in his behalf. Now he thinks of Cunningham as his home, the place where he will stay until he finishes high school. He is no longer involved in destructive activities and is making an obvious effort to contribute positively to the lives of those around him.

6. ***Place all the children from the same family needing care away from home in the same foster home or institution,*** unless their being together is diagnostically contraindicated by the quality of their relationship—as in cases of incest or intense sibling rivalry. With such exceptions, Cunningham gives priority in its admission policy to sibling groups out of a conviction that brothers and sisters can derive strength from each other and so make better use of the institution. When the siblings are of the same sex, they are assigned to the same cottage unless they have problems making this inadvisable; but even when living in different cottages, they are given daily opportunities to be together.

7. ***Arrange visits with siblings*** for the child whose family has become completely broken apart and separated and who needs to keep in touch with his brothers and sisters or get to know them.

8. ***Schedule followup family interviews with a caseworker*** on a regular basis for as long as needed after the child's return home or placement in a foster family.

Such interviews are important in helping the child and the family readjust to one another.

9. ***Stand by as a continuing resource for the child and the family*** after regular contacts have ceased.

At Cunningham, we believe that the task of assessing family problems and strengths is best carried out by the agency that is working directly with the child, provided the agency's distance from the family is not so great as to constitute a problem. In most instances, this places responsibility on the institu-

tional caseworker for working with the child's family while the child is in the institution. Again it seems logical for the institutional worker who has built up a relationship of trust with the child to be the one to carry on the followup family interviews.

Even in instances in which a court order has given the placement agency legal responsibility for the child, the institutional worker is likely to have the closest relationship to the child and, therefore, to be the most logical person to work with the family while the child is in placement or afterward. We have found at Cunningham that agencies that have tried unsuccessfully to work with the families of our children are often willing to have the institutional worker take this responsibility and will make written agreements with the institution to this effect.

Foster families

However, as already mentioned, only a small percentage of children admitted to Cunningham ever do return to their own families. Many of them have no intact homes to which to return because their parents have disappeared, continue to live in a disorganized fashion, or, having changed marriage partners, have no room for them in their lives. Moreover, many children by the time they reach Cunningham have already failed to adjust to a series of foster homes. Having repeatedly experienced bitter failure, they now expect it and frequently provoke it. Must these children then look forward to a childhood spent in an institution as the only alternative to another failure in a foster home?

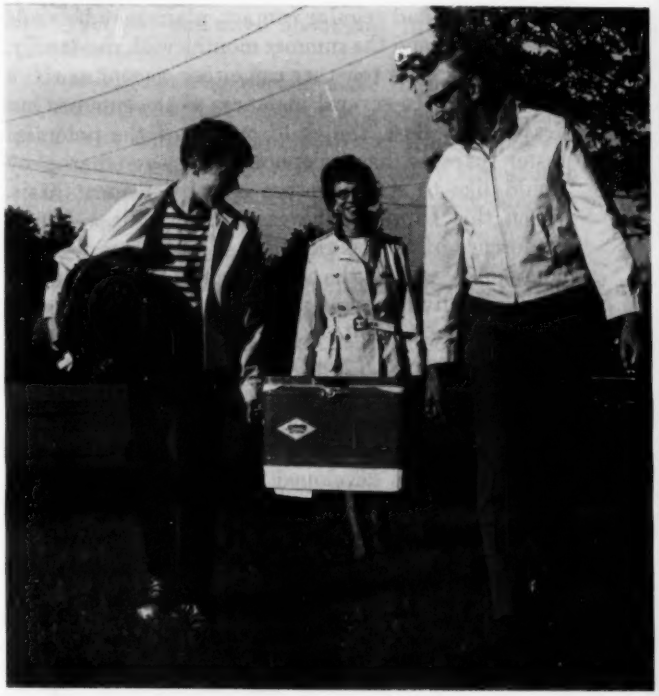
Cunningham cannot accept this alternative, particularly for its younger children. It has, therefore, devised a plan for the gradual placement of children in foster family homes selected and supervised by the institution with a permanent living plan in view.

When a younger child enters Cunningham, the institution asks the placing agency's permission to seek a family that might provide the child with a weekend home and perhaps eventually a permanent foster home if this seems to be a sound plan for the child. Without exception, the placing agencies, relieved to be free of this responsibility, have signed agreements allowing the institution to assume it, providing the two agencies consult together when changes take place in the long-range plans for the child. The arrangement derives from the assumption that the agency that observes the child daily is best equipped to find the kind of family that will meet his needs.

Each couple that comes to the institution asking for a visiting child is interviewed by a caseworker with the view of assessing the couple's potentiality for providing a child with a permanent foster home. If the couple seems to have this potential, the caseworker asks the husband and wife what they would do if they and the child became attached to one another after several visits together. If they reply that they could make room for one more in their family, the caseworker begins a discussion of the problems associated with foster care: the remaining ties between the child and his own family; the problems that arise when the child comes from a very different kind of background from the foster family's; the emotional problems that the child carries over from his past. The caseworker then asks whether there is anything in the couple's experience to indicate that they might be able to cope with an emotionally deprived child.

The caseworker also explains the problem of children in permanent care whose parents retain parental rights. If a couple fears committing themselves to a child who may never legally be theirs, only children

A teenage boy and a visiting foster family start out from the Cunningham Children's Home for an all-day outing.



who are free for adoption are considered in selecting a child for a visiting arrangement with them. Thus far the primary concern of most couples who have offerred to take in Cunningham children has been about what they might be able to give to a child whether or not they could eventually have the child as their own. Fortunately, in instances in which we have found foster families for children who are clamoring for adoption, the foster parents are also very much in favor of it. In these cases the placing agency is taking the necessary steps toward the termination of parental rights.

Visiting relationships

Every eventual foster home placement begins with a visiting relationship. Day-long visits of the child with the family are followed by weekend and vacation visits, often involving trips out of town. The time spent together under a variety of circumstances provides important indications of a family's and child's ability to enjoy one another. Throughout the period of visiting, the caseworker is in regular contact with the visiting family, as well as with the child. Problems are examined and worked through as they arise, sometimes in separate interviews, sometimes with the foster parents and the child together.

If by the time the school year ends the child and family have had regular contact, plans may be made for him to spend the summer months with the family. A vacation spent together can either cement or rift a relationship. In several instances as the summer has drawn to a close, the child or one of the potential foster parents has telephoned to say that they would like to stay together on a permanent basis. When this happens, the caseworker calls a family conference of all the members of the foster family's household, where the implications of making a change in living arrangements are fully discussed. Then, before the child is transferred into the family for full-time care, the agency makes a detailed, formal, foster home study of the family and, if all goes well, obtains permission of the placement agency for transferring the child to the family. This method is similar to one developed by the Astor Children's Home in Rhinebeck, N.Y.[3]

Each decision to place a child permanently with a family is made in a joint conference with the child, foster parents, caseworker, casework supervisor, and the institution's director. The director is present to impress the family and the child with the seriousness of the commitment they are making. The family signs a placement agreement in which the word *permanent* appears prominently in the opening sentence.

Since so many people in Champaign-Urbana, Ill., are only temporary residents, the agency has to be prepared on occasion for potential foster families' leaving the area. When this seems imminent, the detailed foster home study is carried out even before the child and family are ready to commit themselves to one another and permission is obtained from the placing agency to allow the child to visit the family during his vacation. The placement agency requests a local agency in the area to which the family has moved to supervise the home. If toward the end of the summer the child and family have not requested a permanent placement, the child returns to Cunningham and another visiting family is sought for him. If he remains with the family, followup supervision is provided by the agency in the area.

For the first few months after a child is placed with a foster family for permanent care, the caseworker continues to have monthly interviews with the family and the child. Gradually, however, the worker sees the family only on request. Cunningham's foster parents, as well as the children in their care, readily turn to the institution for help with problems as they arise. Being mature people, the foster parents are as eager to succeed as the agency is to have them do so, and they respond positively to being treated as partners in the development of a venture which, when it began, had so many odds against it that it seemed doomed to failure.

If in the intake interview the applicants for a visiting child indicate they are interested only in a visiting relationship with a Cunningham child and give evidence of having a capacity for developing a relationship with a child that will be meaningful for him, the caseworker suggests that they provide visiting opportunities to an older child who is no longer interested in or able to invest himself in a regular family relationship. In such instances, the caseworker stresses the importance of sticking with the child once a relationship has developed between them. The worker points out that during their first visit with each other the child and adults can gauge their compatibility, and if neither wants to withdraw from the visiting plan at that point, the adults have a responsibility to continue devoting time regularly to the child as long as they remain in the community. Many couples who agree to take on a Cunningham child on a visiting basis are connected with a nearby Air Force base or are students at the local university

and are therefore only temporary residents of the community. When they leave, we encourage them to maintain contact with the children.

One of our teenagers, Billy, chose his visiting family himself. Having been occasionally picked up by a former Cunningham employee while walking to and from a job he held after school hours, he began to stop at her home for short visits. In that way he met her husband and the two of them found they shared an interest in music. From this common interest a continuing relationship has developed that promises to be a lasting one. This family will never provide Billy with a full-time foster home, but Billy has already failed to adjust in six foster family homes and has no desire to leave the institution.

The caseworkers at Cunningham feel strongly, however, that a younger child should not be encouraged to become involved in a visiting relationship that has no possibility of yielding what he most desires—a family to which he can truly belong—though he may not be fully aware of this desire. They have found that almost as soon as a younger child feels comfortable with a family, he begins to wonder whether the family has become his. This occurs even with children who have said many times that they never want to leave the institution to try another foster family. There is also the danger that the experience of losing a succession of "visiting families" because of changes in the families' circumstances may aggravate the child's fear of risking himself in any personal relationships again. Most, if not all, of the relationships that these children have had with adults in the past have ended abruptly.

Continuing relationships

The importance to a child of having a stable, dependable, lasting relationship with an adult cannot be overemphasized. Only through experiencing such a relationship can a child learn to trust other people and so mature emotionally.

In most modern agencies dealing with children, the staff diagnoses the degree of a child's emotional health and defines his chances for improvement in terms of whether or not he is able to form relationships with other people. "Does he trust people?" is the question asked in staff conferences about a child. If the answer is "no," learning to trust is set as the treatment goal, and the caseworker, the houseparents, and other staff members expend a great deal of energy helping the child achieve that goal by being for him adults that he can trust.

But what happens when the child or the worker leaves the agency? Usually the child is expected to relinquish the relationship as he has so many others. The professional phrase is, "We'll help him work through the separation." Questions are raised about the mental health of the worker if he feels a responsibility to continue a relationship with a child who has learned to trust him, perhaps the first time he has ever trusted anyone. "Why does he need to hang onto this youngster?" the critics ask.

Children's agencies find it lamentable when a child is unable to form affectional relationships. But what do agencies do over and over again but, through staff changes, manufacture separations that can only once again convince children that human ties inevitably lead to pain? Aware of this problem, Cunningham stresses the importance of enabling young people who are, or have been, in its care to continue their relationships with persons who have played significant roles in their lives if these persons are able and willing to carry on such relationships.

Cunningham regards it as a sign of health that a 16-year-old boy who spent 3 years in the institution wants to return to visit a staff member. The boy's request indicates that he has developed a sense of trust and ability to relate to others. The continuance of that relationship will make him less wary of assurances that people care about him, for he will see that someone who has cared about him in the past continues to do so.

Cunningham also welcomes the request of one of its teenagers to visit a doctor at a State mental hospital who helped her prepare for life outside the hospital. It understands another child's attachment to the worker who brought him to Cunningham and his desire to visit with that worker every time he comes to the institution, for it knows that this child needs to feel that the care and interest people have in him are real enough to continue.

When concern is genuine, it does not die at expediency's command. It is this kind of continuing concern that should be pledged to children by the people whom they have grown to trust with their confidence and affection.

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[1] Moss, Sidney: Integration of the family into the child placement process. *Children,* November-December 1968.

[2] Rose, John: A revelation of the concept of separation for child welfare. *Child Welfare,* December 1962.

[3] Naughton, F. X.: Foster home placement as an adjunct to residential treatment. *Social Casework,* June 1957.

RETARDED CHILDREN at CAMP with NORMAL CHILDREN

NORMAN FLAX • EDWARD N. PETERS

Early each year, camp administrators are faced with the task of deciding which children should be accepted in their summer programs. Should the blind, the physically handicapped, the diabetic, the emotionally disturbed, or the retarded child be permitted to join other campers in summer recreation? This question concerns the well-being of both normal and handicapped children.

Dr. Alex Rosen has pointed out: "The handicapped person cannot be understood merely by analysis of the functional aspects of the handicap alone. Rather, the community's definition of the handicap influences the self-image and social adjustment of the handicapped person. This internalization takes place as the person becomes aware of this societal definition. Thus deviance is established, reinforced, and internalized." [1]

What, then, should social agencies do about the countless number of low-functioning young people who need service?

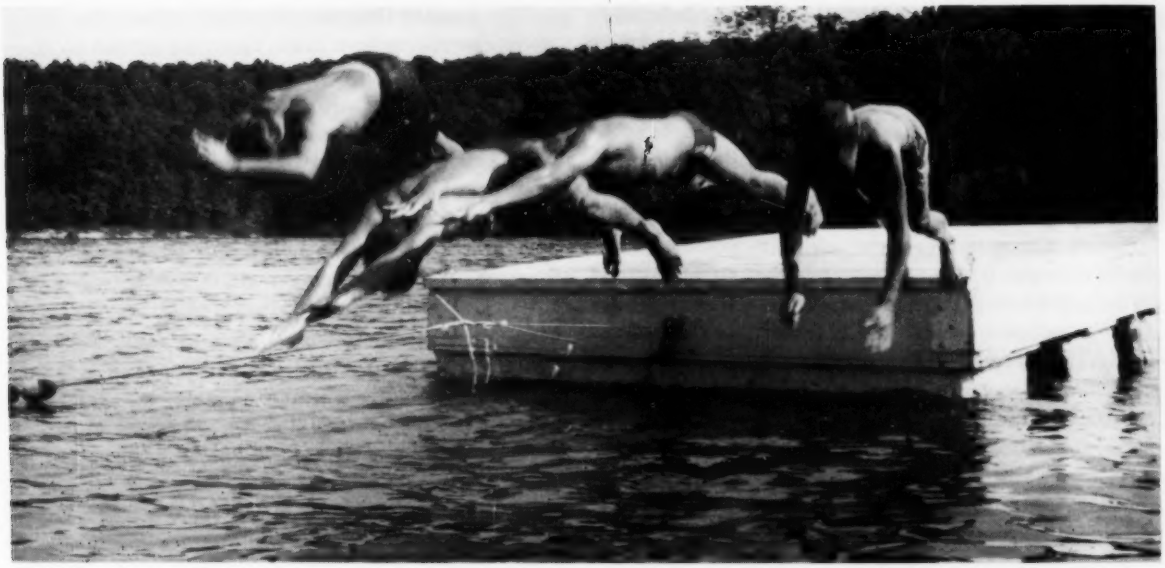
While administrators of recreation agencies are becoming increasingly sensitive to the leisure-time needs of the handicapped and the possible effects of rejection on young people seeking inclusion in their programs, they must evaluate the possible effects on other campers of including them, as well as on the scope of their programs. Recent experience of the Jewish Community Centers Association of St. Louis, Mo., with mentally retarded campers suggests some possible approaches to decisionmaking in this regard.

Since the summer of 1966, the agency has placed 60 mentally retarded children in summer camp groups, 29 in day camps and 31 in a resident camp. All these children have been diagnosed in the clinical facilities of the St. Louis County Special School District as "educable mentally retarded," which, according to Missouri State laws, required a measured IQ between 48 and 78; and all have attended special school classes for "educable" retarded children. Most of these children have been in the camping program for several years, some for all 4 years. The agency's experience with these children has demonstrated that retarded children can participate with normal children in many activities such as swimming, baseball, camp crafts, folk dancing, singing, and work projects. It has also demonstrated that educable retarded children's behavior characteristics fall well within the range of those exhibited by normal children in groups, and that, on the whole, normal children and their parents do not react negatively to having retarded children in camp.

These findings are the results of careful and systematic analysis of information collected in a demonstration project, known as the EMR Project, which was funded by the National Institute of Mental Health.[2]

Each year the day camp program serves about 1,000 children between the ages of 6 and 14; the resident camp, Camp Hawthorn, serves approximately 420 children each summer between the ages of 8 and 16. Both camp programs are under the direction and supervision of their regular staff members. The EMR Project has its own staff, which includes four trained social workers and a research psychologist.

Beginning with the fall of 1965, whenever an educable mentally retarded child showed an interest in going to camp, a project social worker interviewed both the mother (father) and the child to gain understanding regarding the child's peer relationships both in school and in the neighborhood, learn about his



One of the divers in this swimming meet is a mentally retarded child. The three other children have normal intelligence.

interests and areas of skill, and obtain information about his handicaps, both visible and hidden. The social worker also reviewed each child's social history, psychological diagnosis, and school experience as noted in the special school records.

Following this intake procedure, the social worker then made a general assessment of the child and attempted to predict the degree of success the child would achieve at camp. Each child was rated on a 1-to-5 scale, which was the worker's judgment of his social readiness. The 5-point scale had the following definitions: (1) unsuited—to be rejected for camp; (2) marginal—could be given camping opportunity only if an especially appropriate group of children could be located for him; (3) a fair risk—probably could obtain at least partial success, but would require a great deal of help; (4) a good risk—probably could succeed in any one of several camp groups; and (5) an excellent risk—likely to find personal satisfaction, likely to be accepted by other campers, and likely to be an asset to group life. Unless judged "unsuited," the child was placed in a group, which in the judgment of the staff, afforded him the best chance for success.

To help the research staff learn how the children performed in their camp groups, each counselor filled out a Group Participation Form on the retarded child in his group. Designed to measure the child's degree of participation in group life, the form included 34 items concerned with specific types of behavior in specific situations. Most of the questions had to do with the frequency with which the child behaved in the way described or with the way he behaved most frequently in a particular situation. For example, one question was, "Does this [group] member require frequent and/or continuing reminder of procedures and/or rules?" In answer, the counselor was required to check *always*, *usually*, *sometimes*, *seldom*, or *never*. Another item asked the counselor to check the response that best described the child's most frequent way of contributing to the group's decision about what to do. The form listed five choices for this item:

1. **Wanders off from the group during planning.**
2. **Physically present, but makes no contribution.**
3. **Contributes suggestions or questions that are usually irrelevant or unrelated.**
4. **Contributes some relevant suggestions or questions.**
5. **Takes leadership in suggesting the ideas that are adopted.**

Before using the form to assess the group adjustment of the mentally retarded campers, the project requested more than a hundred counselors to use the form to assess the behavior of other children in their groups, selected at random. This precaution was

taken to prevent a characteristic of a retarded child's behavior from being attributed to his retardation when a normal child might exhibit the same type of behavior.

A statistical analysis of these forms indicated that the Group Participation Form was collecting information primarily on three dimensions of a child's participation in the group: (1) the amount of aggressive acting-out behavior exhibited by the child in the group; (2) the extent to which the child seemed to belong to and feel comfortable in the group; and (3) the extent to which the child directed his attention and interaction toward the counselor. Each of these dimensions could be measured for each child by combining the child's scores on pertinent items on the form. The three sets of items selected for this purpose were labeled the Aggressive Acting-Out Scale, the Belongingness and Comfort Scale, and the Leader Orientedness Scale.

The Aggressive Acting-Out Scale assessed the frequency of various kinds of acting-out behavior, such as (1) the extent to which the camper argued and fought with the counselor, (2) how often he became aggressive when faced with derogatory or deflating remarks or with failure, and (3) how much he bragged and boasted, bullied or dominated, disrupted the group, or sought attention. When the measures of these items were combined, the result was a fairly accurate measure of the extent of aggressive acting-out behavior the camper exhibited in the group.

The Belongingness and Comfort Scale assessed the degree of the child's involvement in the group's activities, the extent to which he tended to withdraw from other children, the degree to which other children chose or accepted him, and the degree of comfort he seemed to feel in new or strange group situations. The combined scores on these items measured the degree to which the child had socially adapted or "made it" in the group situation.

The Leader Orientedness Scale was composed of items describing how much the child tended to direct various kinds of interaction and verbalization toward the group leader.

Further statistical analysis has indicated that the three scales are all fairly reliable, consistent measures of uniform, distinct dimensions of children's behavior in groups.

Some findings

Group Participation Forms were collected on every mentally retarded child in a camp group and on a randomly selected normal member in each camp group containing such a child, after the child had spent 1 full day at camp and again at the end of the camp session. The scores on each of the three scales were analyzed to determine if there were any consistent differences, on the average, between the mentally retarded children and the normal group members or if there were any consistent differences, on the average, between the children's behavior early in the camp session and at the completion of camp. These analyses showed no marked differences, on the average, between the retarded and the normal children in the amount of aggressive acting-out behavior or in the amount of leader oriented behavior.

However, the Aggressive Acting-Out Scale showed that all campers, retarded and of normal intelligence, tended to act out more at the end of the camp session than at the very beginning. This will not be a surprise to persons who have ever worked with children in camp groups. However, it does indicate the project's measure of aggressive acting-out behavior is sensitive enough to pick up this difference in an objective, quantifiable manner.

The Belongingness and Comfort Scale showed a distinct difference between the scores of the mentally retarded children and the scores of the children regarded as normal: on the average, the mentally retarded children scored much lower than the other campers. However, while the difference in average scores was large, the scores of the mentally retarded children ranged from a high that is well above the average score of the other campers down to a low that is well below the scores of most of the other campers. Thus, we have an objective and quantified measure of what is already apparent from casual observation of educable mentally retarded children in camp groups—that, in general, these children are not as much at ease as other campers, but there are wide individual differences among them. Some men-

Norman Flax (left) and **Dr. Edward N. Peters** are both on the staff of the EMR Project at the Jewish Community Centers Association, St. Louis, Mo., described in this article. Mr. Flax is project supervisor, and Dr. Peters is a research psychologist. They are both research associates at Washington University, St. Louis.

tally retarded children do as well in camp groups as many other campers.

That some mentally retarded children can apparently fit well into some groups of normal children makes any blanket policy against placing mentally retarded children into normal camp groups unreasonably rigid. However, some improvement is needed in the ability to predict which mentally retarded children can be integrated into camp groups with normal children with a relatively high degree of success. The Belongingness and Comfort Scale, in providing a relatively sensitive and objective measure of the extent to which a camper adapts socially in his camp group, makes it possible to explore the extent to which various kinds of information are useful for predicting how a mentally retarded child will get along in camp.

The social worker's general assessment of each mentally retarded child who applied for camping, mentioned in the beginning of this article, was an attempt to predict the degree of success each would have in integrating into a camp group on the basis of the information obtained by the social worker during the intake procedure. These predictions, however, were subjective judgments. They did not stand up, under post-camp statistical analysis, as valid predictions of which mentally retarded children would do better than other mentally retarded children in fitting into a camp group.

However, in addition to giving a general assessment or "global prediction" for each mentally retarded child, the social worker rated each child on 40 characteristics from information obtained in the intake procedure. Of these 40 characteristics, eight have turned out to be related to the success of the educable mentally retarded children in camp groups as measured by the Belongingness and Comfort Scale, and the social worker's rating on them to be much closer to a valid prediction of the children's degree of success at camp. The eight characteristics are: (1) the amount of neighborhood street play the child participates in; (2) his awareness of the needs of others; (3) his ability to delay appropriate gratification; (4) his ability to follow directions; (5) the extent of his skill in playing highly organized games and also (6) his skill in playing unorganized games; (7) his gross motor coordination; and (8) his overall personal appearance.

That each of these characteristics should be related to how well a child gets along in a camp group is not surprising. What is interesting is that some of the information that can be acquired about a mentally retarded child through the intake procedure does help to predict whether the child may become a comfortably participating member of a camp group. The extent to which an educable mentally retarded child plays with normal children in his neighborhood is probably the best single indicator of whether or not he is likely to adapt socially to a camp group. In other words, if he can "make it" in his neighborhood, he can probably "make it" at camp.

The other characteristics that are predictive of successful adaptation to camp probably also influence the mentally retarded child's ability to integrate into neighborhood play groups. Mentally retarded children who can participate in camp activities, because they are relatively skilled at playing games, have relatively good coordination, and can follow directions, will probably get along better socially than mentally retarded children who do not have the ability to participate in such activities. Also, those mentally retarded children who are sufficiently stable emotionally to be aware of the needs of others and to be able to delay gratification appropriately will probably get along with normal campers better than children who do not possess these qualities.

Other measurements

Nonparticipant observers provided another measure of how well the mentally retarded children did in camp. In the summers of 1968 and 1969, the staff of the project took part in nonparticipant observations at camp. Each mentally retarded child and the normal child selected as his control were observed

Two campers, one with normal intelligence, one mentally retarded, work together cleaning up after a camp cook-out.

twice during camp activities, including archery, soccer, swimming instruction, gathering wood for campfires, bicycle rides, folk dancing, free time, storytelling, making ice cream, and eating lunch. The staff rated each child's degree of (1) involvement in activity, (2) apparent pleasure in the activity, and (3) understanding of the activity. The analysis of these observations showed that retarded children were just as involved in activities as normal children and exhibited more apparent pleasure during activities than the normal children. The normal children, however, were rated as apparently understanding activities better than the mentally retarded children.

The counselors' observations of the children's social adjustment were also considered important. For four summers—1966 through 1969—on the last day of each session a form called the Social Adjustment Form was given each counselor, with these instructions: "It is assumed that some children seem to adjust, generally speaking, better than others. We would like to get your impression about the relative social adjustment of the children in your group. Please rank members in order of their adjustment."

A total of 93 Social Adjustment Forms were collected from camp groups that included mentally retarded children. There was some overlapping since some of the children attended more than one camp session or went to camp more than one season. On these forms, mentally retarded children were ranked above their normal controls 25 times and below 68 times. Only on 32 of the 93 forms were mentally retarded children ranked the lowest in their camp groups.

There was a notable relationship between the children's social adjustment ranking and their ratings on the Belongingness and Comfort Scale in the Group Participation Form. The higher the child was ranked on the Social Adjustment Form, the higher was his belongingness and comfort score.

Staff reactions

How do the camp director, the camp supervisors, and the counselors feel about including retarded children in camp?

In the fall of 1968, the project sent a questionnaire to 95 staff members of resident and day camps, including counselors, camp directors, and supervisors, to ascertain their reactions to the research demands, their attitudes about including mentally retarded children in the camp, and their assessment of the interaction between the mentally retarded children and the other children. Sixty-four questionnaires were returned.

Seventy percent of the responding staff members complained that the research demands were time-consuming. Nevertheless, 21 of the 24 camp administrators and 23 of the 35 counselors responding to this question said they would like to have a retarded child in their group or lodge if they were to return to camp. Of 24 supervisors, 16 reported that they felt that the research component at camp enhanced their jobs professionally.

Thirty-one of the 39 counselors reported that having mentally retarded children in their groups made them more sensitive to the problems of other campers. Half the counselors reported that the retarded children had been no more difficult than the other children, but did require more of the leader's time.

The great majority of the responding camp staff members reported feeling that the camping experience was beneficial to the mentally retarded child. Of the 64 respondents, 44 reported that the other children did not pick on the mentally retarded children, or only did so to a minor degree; and 54 reported that the mentally retarded children did not pick on the other children, or only to a minor degree. To the question, "What do you consider the major behavior problem at camp?" 60 of the 64 replied "emotional disturbance." Only three replied "mental retardation." Eighteen of the 39 counselors responding to this question suggested that there were educable mentally retarded children at camp who should not have been accepted.

More than half the counselors reported feeling that the other children had a better camp experience because the educable mentally retarded children were included. None of the counselors said they would refuse to return to camp because of its participation in the project. Most of the camp staff members said they felt that additional precamp training would have been of value in helping counselors meet some of the special needs of the mentally retarded children.

One supervisor's statement conveys the attitude that seems to have been prevalent throughout the program:

> **In most cases the retarded children were indistinguishable from the other children, that is, the other children in the group usually did not recognize that their group included a mentally retarded member. I wholeheartedly approve of their attending camp with normal children.**

Another supervisor wrote:

> **Having educable mentally retarded children at camp was a most beneficial experience for all counselors and campers.**

A counselor reported:

This is not a very comprehensive survey because I had two completely different mentally retarded children. They behaved differently and affected the group differently.

Another counselor said:

The inclusion of mentally retarded children gave the normal kids an opportunity to learn about some of the troubles mentally retarded children have and to be understanding and patient.

And still another counselor wrote:

More people should be made aware of the capabilities of the educable mentally retarded child. I for one realize that they can and should be treated as any other member of the group.

But there were also negative responses. One camp staff member reported:

My personal experience with a mentally retarded child was a very trying one, for which I was drastically unprepared. In most of the problems that arose, I found that my only solution was to hand the mentally retarded child over to my supervisor.

Another respondent was doubtful:

In most cases, I don't think the counselors or junior counselors are able to understand a mentally retarded child because they have not been educated in this area. Did we really help the retarded child?

And one counselor reported:

If the groups were smaller, then more attention could be given to the mentally retarded child.

Other children and parents

What about the reactions to the mentally retarded children of the other children in the camp and their parents? Staff members of the project interviewed a normal child and one of his parents from 44 camp groups that had included a mentally retarded child. Of the 44 children interviewed, 75 percent (33) had positive reactions to the camp experience. In fact, 38 out of 44 returned to the agency's program the following winter or re-enrolled for camp the next summer. Of the 44 parents interviewed, 85 percent (37) gave no indication of having objections to the Center's continuing the policy of integration. The parents' reactions generally concurred with their children's. In 25 instances both parent and child reacted positively to the inclusion of the mentally retarded child. In eight instances the child reacted negatively to the mentally retarded child but the parent reacted positively. In three instances the parent had negative reactions, but the child either definitely liked the mentally retarded child or did not regard him as different from the other children in his group. In only five instances did both parent and child react negatively to the mentally retarded child.

In conclusion

The EMR Project has demonstrated that many educable retarded children, when given the opportunity, can participate successfully in camp activities with normal children. The statistical findings suggest the characteristics a mentally retarded child might need in order to become a part of a group. In reality, however, retarded children showing a wide range of different characteristics have integrated adequately into the camp groups. Of the 60 retarded children enrolled in camp groups in 1969, only five children were unable to complete a session started. As one counselor reported:

The mentally retarded children had many of the same behavior problems as the so-called regular campers. Some were cooperative, some were not; so generalizations are almost impossible.

For evaluative reasons, this project included only those retarded children who were "educable." This does not mean to imply, however, that some "trainable" retarded children (IQ's 25 to 48) might not under favorable circumstances get along with normal children in a camp group. Occasionally a child from a class for "trainable" children has participated in other activities sponsored by our agency.

Often one experience is not sufficient to judge a child's eventual success; he needs to be evaluated over time. It behooves recreational agencies, therefore, to open their facilities to retarded children—some of the loneliest members of our society—to give them insofar as possible the same opportunities that are afforded other children in the community.

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[1] Rosen, Alex: Theoretical concepts in the behavioral sciences regarding integration. *In* Proceedings of a 1-day institute on integration of the mentally retarded in a community group service agency—a look at knowledge, methods, and gaps. (Meyer Schreiber, ed.) Association for the Help of Retarded Children, New York, N.Y. 1963.

[2] National Institute of Mental Health Project, "Integration of Educable Retardates in Normal Groups," Grant No. MH-14424. Co-sponsored by the Jewish Community Centers Association of St. Louis, Mo., and the Social Science Institute of Washington University, St. Louis, Mo. (NSF grant No. G-22296.)

an essay review . . .

PSYCHOSOCIAL DEPRIVATION

WHAT WE DO, DON'T, and SHOULD KNOW ABOUT IT

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The decade of the 1960's is not the first in which we in this country have been jolted into awareness of grievous gaps between our fondly avowed principles and the realities within our borders. It is hard to believe, however, that in any earlier decade there has been more serious questing for ways to close the gaps or more acceptance—at least by a large minority of our citizens and at least on a verbal level—of the proposition that substantial and deliberate changes are necessary if we are to bring our actions in line with our words and to escape more destructive changes.

One relevant manifestation of our recognition of the need for change is the declaration of war on poverty. Another is the official acceptance of an obligation to put a floor under the economic stability and security of every family. And another is the effort to learn more about the various kinds of deprivation suffered by too many individuals and to devise ways of diminishing deprivation of every kind.

Tremendous amounts of time and effort have been devoted to learning about the causes and cures of psychosocial deprivation, and no one—least of all the persons and organizations making the efforts—has been satisfied with the results. There have been some gains and some setbacks, as well as gains that have been called setbacks and setbacks that have been called gains. So many fields, organizations, disciplines, and people have participated in these efforts that it is almost impossible for a single administrator, program planner, or investigator to know what has been learned and what has been done, or even what they need to know to understand either what has been learned or the results of what has been done.

Therefore the National Institute of Child Health and Human Development (NICHD) addressed itself to a much needed function when it "undertook a broad-based assessment of psychosocial deprivation, in order to ascertain the state-of-the-art, to identify gaps in knowledge and understandings, and to determine the implications of the findings for research policy and for social action programs." The results have recently been made available in the publication, "Perspectives on Human Deprivation: Biological, Psychological, and Sociological."*

The volume represents the work of four interdisciplinary task forces, established in March 1968 to produce documented reviews of research findings to be integrated into four main chapters: "Psychosocial Deprivation and Personality Development," "Influences of Biological, Psychological, and Social Deprivation Upon Learning and Performance," "Socialization and Social Structure," and "Biological Substrates of Development and Behavior." The resulting chapters are based on papers contributed by 50 scientists, which were written within 5 weeks and integrated within 3 to 4 weeks. A fifth chapter summarizes the deliberations of a 2-day conference called to determine the implications of these four chapters for research policy and for social action.

The marks of haste are evident in a number of ways and places. Nevertheless, despite occasional lapses in spelling, in syntax, and in jargon, the quality of the whole is impressive. If the volume is read as widely and as carefully as it deserves, its impact could be substantial and tonic.

State-of-the-art compendiums, like dictionaries and telephone books, are written by individual people, but individual bias is likely to affect reports of research findings more than lists of telephone numbers or even definitions of words. This problem was clearly recognized by the persons responsible for synthesizing and commenting on the individual contributions: "Our aim was to give a picture of the general state of knowledge about a variable, relying largely on the conviction of a contributing author about his conclusions to judge their merit. For this reason, it is clear that specific empirical generalizations may be open to challenge; on

*PERSPECTIVES ON HUMAN DEPRIVATION: biological, psychological, and sociological. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Institute of Child Health and Human Development. U.S. Government Printing Office, Washington, D.C. 20402. 1968. 346 pp. $2.75. (Single copies free on request from Information Office, NICHD, NIH, Bethesda, Md. 20014.)

the other hand, we feel some degree of confidence in the overall reviews as representing the 'state of the art' in their respective areas." (P. 65.)

Welcome realism

Both the reservations and confidence expressed are well justified. The volume is notable for the vast amount of useful information it brings together. Even though at some points the "specific empirical generalizations" are indeed open to challenge, a number of the individual contributions show evidence of scrupulous care and offer analysis that is both illumined and illuminating. The volume is even more notable for the judiciousness of the overall commentaries and for their realism in assessing gaps in information and shortcomings in current research methods and approaches.

Perhaps this realism will prove to be the primary contribution of the publication. One might hesitate to expose the uninitiated student to some of the "specific empirical generalizations" it contains. Nevertheless, this same student could profit greatly by the summarized discussions that point out not only substantive findings, but also (where appropriate) moot points, contradictory conclusions, the dangers of focusing on single variables in a complex field of interacting forces, and the inadequacy of popular research models to cope with such complexity.

Some of the points made in the synthesizing commentaries merely give weight, substance, and the sanction of respected authorities to familiar principles so far more honored in the breach than in the observance. Among these are discussions of defects in controls for socioeconomic status, known among researchers as SES controls, and the consequences of those defects. It is noted, for example, that among some 240 studies reported in Shuey's review of the literature on comparative intelligence testing, "in only 17 . . . is social class position of the subjects taken into consideration in some way"—and that most of the studies "have serious methodological flaws." (P. 121.)

Other points constitute recognition of new variables or dimensions to be taken into account in studying the effects of deprivation or contribute clues to new ways of perceiving familiar elements. Among these is recognition of Bronfenbrenner's "valuable distinction between consequences stemming from early stimulus deprivation and consequences stemming from the frustration of an established dependency drive between an infant and a person who satisfies his oral and dependency drive" (p. 57).

Another is found in the synthesizer's comment that "the deprivation metaphor is, to some extent, logically misleading in that it suggests that the explanation of the phenomena of disadvantage lies in what is absent rather than in what is present . . . the important point is that development is likely to be invariant with or related to the conditions which are present, not with those which are absent. . . . Those target populations commonly characterized as deprived are better described as disadvantaged, a term which makes no commitment to an insufficiency model. What is then needed to replace the explanatory contribution of the deprivation term is the refined and careful study of variation. . . ." (P. 3.) The distinction is aptly illustrated in relation to the effects on children of their father's absence.

New vistas

Because of the authority inherent in its authorship and auspices, this volume could represent a point of departure from the acceptance of research patterns and methods long in need of challenge to the evolution of patterns and methods of research more suited to present needs and more conducive to the development of effective methods of intervention. Conceivably, the vistas it opens could become visible not only to those humbled and seasoned by years on the firing line, but even to those who, in university courses and seminars, teach and learn much that must later be painfully expanded, modified, or shoved aside.

Such vistas include the recognition of what we do not yet know. We are not always sure what variables are relevant and what their respective roles are in the processes, situations, and conditions to be studied. We need much more descriptive research, much more true collaboration between the different disciplines. We also need more testing with carefully evaluated and replicated clinical trials and pilot projects before large-scale programs of intervention are launched. If such requirements are recognized, scrutinized, and explored, they should lead to the fostering of new approaches to research and new definitions—including a rethinking and redefining of that weapon word "rigorous." If this means discarding a few academic shackles and blinkers, so much the better.

Some of the most arresting and thought-provoking passages in the summaries of this volume are the discussions of what still needs to be learned and the linkages required for adequate investigation. It is pointed out, for example, that social scientists involved in developing programs for cognitive enrichment have rarely benefited from what the field of linguistics could contribute.

With regard to research policy, "Perhaps the overriding need is for greater flexibility in funding . . . research that may have great relevance for understanding the deprivation phenomenon but which does not meet the ordinary requirements of classical study design" (p. 341)—an indication of where money stands in the hierarchy of values and of how closely it is linked with professional orthodoxy. One might add that if orthodoxy prevails in approving only a limited array of classic models for research and demonstration grants, and if projects are designed chiefly with a view to producing an attractive package that will please the keepers of the purse, productive groping and daring departures from the sanctioned models of the moment are bound to be inhibited.

The recommended flexibility should apply especially to methods of evaluation, if we are to escape the frequent tail-wags-dog situation in which the evaluation imperative wags the program. It is time for a bold new look at methods of evaluating programs of intervention and at some assumptions underlying these methods, including assumptions about the kind of accounting that must be offered to pursekeepers if funds are to be forthcoming. The new look should encompass the opportunity for a program to grope, to change, to grow, before it is frozen into an evaluation scheme on which renewed funding depends.

Who should be studied?

The NICHD publication omits detailed discussion of appropriate target groups for research in behalf of social action, for that was not its mandate.

Nevertheless, any consideration of psychosocial deprivation underscores the importance of questions that have been raised from time to time but have not received nearly enough attention and that threaten to demand some agonizing reappraisal if they are neglected much longer. Foremost among such questions is "Who should be studied?"

We have spent much time and many dollars investigating "the deprived," whether their deprivations are physical, social, psychological, legal, or a combination of these and other disadvantages. We will need to continue such efforts. But there is also a need to study those segments of society that must change if any real inroads are to be made on many aspects of psychosocial deprivation and on the closely intertwined economic deprivations.

This was a major message of the Kerner report,[1] which brought home the need to study the white population and effect changes in its attitudes and practices if belated justice is to come to those we are learning to call "black." A parallel message concerns the need to study the nonpoor if we are really to win the war on poverty. How does a nation learn to change its values? How can the "haves" be persuaded to make room in their ranks for those who now are the "have-nots"? What structural changes are necessary to make our avowed goals a reality?

Earlier research on intergroup relations has attempted to discover the roots of prejudice and clues to ways of replacing them by more healthy growths. Such names as Allport, Jahoda, and Stuart Cook come to mind, among others. We need to build on such research, to profit by all it offers, but to go much further in exploring the various kinds of gain (real and illusory) reaped by the advantaged from the very existence of the disadvantaged. We need to discover what actually exists and what would be necessary to make real change acceptable.

There are those who maintain that change can be accomplished only through fear and so see a positive value in urban violence and destruction. If this be so, we still need to learn more about those who feel threatened, the kinds of changes that could turn their fear into constructive channels, and the steps through which these changes could be brought about most effectively and with least penalty to society.

There are those, however, who believe that a prosperous nation, if it has the will, can voluntarily conquer human misery within its own boundaries as surely as it can conquer the less difficult problems of space travel. But a determination to end human misery cannot succeed if our efforts are focused only on one-half of the socioeconomic equation.

The current mood among "the poor" and "the black," who are beginning to resist the avalanche of investigation, is likely to promote recognition of the need to study the other half of the equation—the nonpoor and nonblack and nondeprived.

"We're under that microscope 24 hours a day," declares the president of a Negro college student council.

"I'm just like a walking test at school," says an innercity Negro girl who is one of a selected few being bussed to a white suburban high school. "Now the Negro is on stage, performing before an all-white audience, trying to sway and correct their opinion of blacks."

Recipients in the program of aid to families with dependent children are evincing resentment at the questioning and instruments of researchers. Other inhabitants of our urban slums are beginning to view high-minded and conscientiously probing research interviewers with the same annoyance as members of the middle class tend to regard the door-to-door salesman.

One answer to the problem posed by such aversion may be that the new approaches advocated in the state-of-the-art assessment of research in psychosocial deprivation must include ways of learning what needs to be known that do not depend on direct interviewing and testing—methods that in any case involve a number of other drawbacks, including some documented delusions about the significance of their results. Another answer, however, may be to shift, or at least broaden, the focus of attention to include the groups whose change is indispensable to relieving various kinds of deprivation.

It is often said that learning to ask the right questions is the essence of good research. Asking the right questions will inevitably lead to a shift in definitions of appropriate target groups in various areas of research. Protesting students, for example, are now mounting protests against being made the focus of so many studies. They maintain that studies of dissident students are used to screen activists from college campuses and may be used in other ways to the disadvantage of those identified as dissidents. And they insist that the proper subjects for studies of campus unrest are the college administrators, the trustees, and the faculty. At least it can be argued that these groups should not be omitted from serious study of our colleges and universities.

Know thyself

Nominations for more appropriate groups to be the targets of research could be multiplied, but one final entry will suffice. The research of social scientists influences intervention programs a great deal more today than in the past. Social scientists exercise more influence and earn more money today than at any other time in the history of the relatively young field of social research. This development has had dramatic effects on the field, on the crops it yields, and on the people who will till it. Perhaps it is time to include among our study targets the social scientist himself—his career history, his attitudes, his goals, his rewards, his interrelations with members of his own and other disciplines, his value, his *modus operandi*, his affiliations, and above all his self-image, and how all these affect his product, his recommendations, and the evolution of social research.

Since support for research is typically granted or withheld on the advice of social scientists, and since many intervention programs are designed, modified, and evaluated by social scientists, such study would be highly relevant to present social needs and programs. This seems a wholesome moment, therefore, to paraphrase an old injunction: Student, study thyself.

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[1] U.S. National Advisory Commission on Civil Disorders: Report. U.S. Government Printing Office, Washington, D.C. 1968.

BOOK NOTES

STILL HUNGRY IN AMERICA. Robert Coles. Photographs by Al Clayton. Introduction by Edward M. Kennedy. New American Library, Inc., in association with The World Publishing Co., Cleveland, Ohio. 1969. 115 pp. $6.95.

By quoting mothers, fathers, children, and grandparents whom he interviewed in rural areas of the South, the author of this book builds up evidence to document the statement used as a title. He first reported some of the conditions of poverty presented in this book to a committee of the U.S. Senate in 1967 after a visit he made to Mississippi with five other physicians. In a narrative that is closely tied to 110 black-and-white photographs taken by Al Clayton, the author describes "a terribly shameful, unsettling, and edifying view of the extreme distress and redemptive possibilities that continue to exist, side by side, in the very same people."

DELINQUENCY IN GIRLS. John Cowie, Valerie Cowie, and Eliot Slater. Humanities Press, New York, No. 4. 1968. 220 pp. $6.

Unsatisfactory home life emerged as a main cause of juvenile delinquency in a study of 318 adolescent girls committed by juvenile courts to an "approved" residential school in London, England, according to the three psychiatrists reporting their findings in this book. The authors rated less than 20 percent of the homes of the delinquent girls as "normal," although 44 percent of the girls lived with both parents at the time of commitment in 1958. They report that half the girls were deprived of normal maternal love and care at the time they were adjudged delinquent.

Three-fourths of the girls were adjudged delinquent because of sexual misconduct and the rest because of shoplifting, other forms of larceny, breach of probation, vagrancy, or similar offenses.

In their conclusion, the authors discuss their clinical judgments on the girls studied, the differences between boy and girl delinquents, and factors predisposing to delinquency, including chromosome irregularities and environmental influences such as overburdened mothers, lack of discipline, and homes inimical to healthy development. They strongly urge removal of neurotic or delinquent children from hostile homes.

FORGOTTEN CHILDREN: a program for the multihandicapped. Merle E. Frampton, Ellen Kerney, and Regina Schattner. Porter Sargent Publisher, Boston, Mass. 1969. 287 pp. $6.95.

A continuing demonstration project in the education of severely handicapped, blind, cerebral-palsied children at the New York Institute for the Education of the Blind is described in this book. The authors, all of whom were associated with the project, point out that the institute has used findings from the first 6 years to set up a diagnostic clinic for the educational placement of multihandicapped children.

From 1956 to 1962, a total of 30 blind, cerebral-palsied children—many of whom had additional handicaps—were accepted into the project. Enrollment varied from 12 to 17 children, ranging in age from 7 to 17; all but three of the children remained at least 2 years.

The project was designed to identify and serve the needs of such children, to develop various levels of curricula adaptable to them, to do research in teaching techniques, and to formulate principles for training teachers and other personnel. The 11- to 14-member staff included a director-teacher, one or two other teachers, a pediatrician, a physical therapist, a speech therapist, a housemother, and attendants.

The authors report that 24 children showed progress while they were in the project. Of these, eight were found educable and placed in academic classes at the institute; eight were found "trainable"—able to make their needs known or to take care of their own needs—and partly educable; eight were found trainable. Six were found not amenable to training because of extreme behavior patterns or inability to communicate.

According to the authors, the staff members' first task was to determine the extent of each child's handicaps. They then helped each child increase the use of the senses that he did possess. Within the therapeutic setting, the staff provided a carefully structured day with some group experiences. Children were placed in a kindergarten group, a trainable group, a group that offered individual help with special learning problems, and academic classes in the institute. Parents were drawn into the project through conferences with the staff and an annual parents' day.

The authors emphasize the need for a total rehabilitation program for multihandicapped children that begins before they reach school age; a multifocal school in which children are assigned to classes according to their own development, not their handicaps; and teachers with special qualifications and training.

DIALOGUE WITH SAMMY: a psychoanalytical contribution to the understanding of child psychosis. Joyce McDougall and Serge Lebovici. International Universities Press, New York, N.Y. 1969. 273 pp. $7.50.

Analysis of psychotic children is "possible and valuable," say the two child psychiatrists who wrote this book about 8 months of psychoanalytic treatment of a 9-year-old schizophrenic American boy in Paris. Analyst Joyce McDougall uses a diary form to record Sammy's conversations with her during which he revealed the fantasy world in which he lived, his anxieties, his inability to cope with reality, and his progress under treatment. She presents notes and comments on her own efforts to understand Sammy and to help him understand himself.

This first edition in English is a revised translation by Dr. McDougall of *Un Cas de Psychose infantile*, first published in French in 1960. It contains verbatim extracts from many of the 166 treatment sessions with Sammy, including stories that Sammy dictated to "Dougie," and some of his drawings.

HERE and THERE

Reorganization in HEW

On September 17, Secretary Robert H. Finch announced a reorganization of the children's services within the Department of Health, Education, and Welfare. The reorganization gives the Office of Child Development, established in the Office of the Secretary under the supervision of the Assistant Secretary for Administration last July, three bureaus:

- The Children's Bureau, transferred from the Social and Rehabilitation Service, to perform the functions assigned to it by Congress when the Bureau was created in 1912—"to investigate and report on all matters pertaining to the welfare of children and child life among all classes of our people"—to carry out research, demonstration, and training functions, to coordinate the programs for children and parents throughout the Department, to promote programs for youth, to identify areas requiring the development of new programs, and to serve as an advocate for children.
- The Bureau of Head Start and Early Childhood, to administer the Head Start and Parent and Child Center programs, which were transferred last July from the Office of Economic Opportunity, and to develop policies and standards for day-care programs and provide technical assistance to State agencies administering day-care programs.
- The Bureau of Program Development and Resources, to develop standards, guidelines, and technical assistance materials regarding services to children and youth with the exception of preschool and day-care programs, to work with State and local agencies and private organizations to stimulate increases in the availability and quality of children's services, and to publish materials for the general public and for persons engaged in services or training programs for service personnel, including the interdisciplinary journal CHILDREN.

The director of the Office of Child Development will also serve as Chief of the Children's Bureau, a Presidential appointment. The director will report to the Secretary through the Assistant Secretary for Administration, James Farmer.

The reorganization established a new unit within the Health Services and Mental Health Administration of the Public Health Service, to be responsible for the health programs that were formerly administered by the Children's Bureau—maternal and child health services, crippled children's services, the special projects for maternity and infant care and comprehensive care for preschool and school-age children, and health research.

A new unit has been established within the Social and Rehabilitation Service, the Community Services Administration, to administer the programs under title IV of the Social Security Act formerly administered by the Children's Bureau—child welfare services, services to families in the program of aid to families with dependent children (AFDC), and the Department's responsibilities for the work incentive program (WIN), including child care for AFDC families—and also to administer services for aged and handicapped persons who are recipients of public assistance.

The Assistant Secretary for Administration has been appointed chairman of a newly established Board of Advisors on Child Development, which also includes the Assistant Secretaries for Education, for Health and Scientific Affairs, and for Planning and Evaluation, the Administrator of the Social and Rehabilitation Service, and the Director of the Office of Child Development. The Board will advise the Secretary on policy, organization, and coordination of programs, strategies for research, training, and demonstrations, and priorities for funding in the field of child development. The Secretary will also establish a National Advisory Committee on Child Development to include professional persons, parents, and program officials to be concerned with the early childhood programs throughout the Department.

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In late July, the Secretary transferred the staff of the 1970 White House Conference on Children and Youth from the Children's Bureau to a new unit in his own office called the Secretary's Office for the White House Conference.

School desegregation

Students, teachers, and parents in school districts that have voluntarily desegregated since 1964 generally have positive attitudes toward the experience, according to the findings of a survey conducted in the spring of 1969 by the Southeastern Regional Office for Civil Rights of the Department of Health, Education, and Welfare. The survey involved interviews with 1,230 students, teachers, administrators, and parents in 13 school districts in the South that had voluntarily desegregated under the Civil Rights Act of 1964 and had experienced some desegregation for 2 years. The districts are located in Florida (with the only urban district, Dade County, included in the survey), Georgia, Mississippi, South Carolina, and Tennessee.

As many black interviewers as white interviewers were used. Interviews, arranged so that white interviewers interviewed both white and black persons, and vice versa, were held with 115 white and 13 black administrators, 208 white and 128 black teachers, 205 white and 150 black parents, and 222 white and 180 black students in grades eight through 12. Most of the schools involved were formerly all-white schools which were now majority white; five were previously all black or almost all black and now had either a majority or a large minority of white students.

The persons interviewed were asked how they viewed desegregation as it affected the learning process, the teaching experience, extracurricular school activities, and social activities.

The learning process: The majority of white students and white and black teachers said they felt that there was little or no difference in academic standards or in the white students' learning progress since desegregation and that black students were learning more. A majority of black students and their parents said they felt that the black students were receiving better schooling in the desegregated schools. White parents tended to be more critical, but generally agreed that the school standards had not changed.

The teaching experience: A majority of students of both races said they felt that the race of the teacher did not affect the quality of teaching and that the teachers were teaching without racial favor or prejudice. Most parents of both races expressed satisfaction with the teachers assigned to the schools; some white parents said they had been worried at the start, but had been reassured by their children. Most teachers of both races noted an academic gap between white and black students, but said that both racial groups were within the same range of abilities. Most teachers reported being concerned about disciplinary problems. White teachers reported good relations between black and white teachers, but black teachers reported varying opinions—from being accepted to being ignored or merely tolerated. Most of the administrators said they felt that teachers of both races who had been successful in teaching in segregated schools were experiencing no real difficulty in the desegregated schools.

Extracurricular activities: Most of the persons interviewed generally agreed that extracurricular activities were open to all students but that no efforts were being made to recruit or encourage participation by black students. White students saw no difference in participation in activities, while black students saw themselves as underrepresented. Black teachers and students gave as reasons for the black students' nonparticipation: lack of interest, a feeling of not being welcome, strangeness of new students facing established groups, and discouragement by parents.

Social activities: In most of the school districts, both white students and black students were taking part in official social activities without incident, but problems existed in regard to informal relationships. Students, parents, and teachers of both races reported relations between black and white high school students as varying from uneventful toleration to tension and hostility. Racial tension was reported to be more prevalent in high schools than in elementary schools and more prevalent among girls than boys.

Foster care

More than 5,000 children in Los Angeles County, Calif., have been placed on an emergency basis in temporary foster homes in the past 3 years by the Los Angeles County Department of Public Social Services in an around-the-clock emergency service called the Good Neighbor Program. The program operates 24 hours a day, 7 days a week, to serve nondelinquent children who need temporary shelter.

The Department now has available 199 families licensed to provide foster care by the State of California who are ready to care for children in emergencies. Many of the couples recruited for this purpose were already serving as foster parents. Good Neighbors receive $3 a day, or $91 a month, for the maintenance of each temporary foster child in their homes.

The Good Neighbor Program was developed by Mary M. O'Neill, chief of Family and Children's Services, so that nondelinquent children would not have to be placed in a juvenile detention facility when they needed emergency shelter. Children have been referred to Good Neighbor homes when they were abandoned, severely neglected, abused, or inadequately supervised, and during a crisis in the family, such as murder, attempted suicide, arrest, or emergency hospitalization of a parent. Thus far, about half the children who have been served by Good Neighbors have been returned to their own homes.

When a law enforcement officer learns of a child who needs immediate temporary shelter, he contacts the County Department of Public Social Services. During the day, referrals are made to the appropriate district office; from 5 p.m. to 8 a.m. and on weekends, they are routed through a 24-hour telephone answering service to the child welfare worker assigned to be on call in her own home to handle emergency placements. Four child welfare workers serve alternately on all-night duty and weekend duty to provide referral service at all times. The child welfare workers are paid for 3 hours of overtime when they take all-night duty and for 8 hours of overtime for 24 hours of duty on Saturday and Sunday.

When the child welfare worker on 24-hour duty receives information about the needs of a stranded child (or children), she gets in touch with a Good Neighbor who lives close to the child's home and arranges for his care. Then she notifies the officers where to take the child.

During the next regular working day, a child welfare worker brings a clothing allowance to the Good Neighbor's home and provides necessary casework service for the child. If there is an acute medical problem, the Good Neighbor may take the child to her own doctor at the Department's expense. The Good Neighbor may also use the 24-hour answering service to contact the on-duty child welfare worker when a problem arises.

A child may remain with a Good Neighbor family for a month; if he continues to need foster care for a longer period, he is moved to a more permanent foster home. On the average, children stay in Good Neighbors' homes for 16 days.

Education

Enrollment in public elementary and secondary schools in the United States reached 45.6 million pupils this fall, according to estimates by the U.S. Office of Education. The estimates for 1969 project an increase of about 600,000 students over the record enrollment of 44,962,000 for the fall of 1968.

The 1968–69 school year also brought new peaks in teacher employment (1,943,000), financial expenditures for public elementary and secondary education ($35.5 billion), average teacher salaries ($7,900), and outlay per pupil in attendance for full-time public schools ($696). Public high school enrollment in 1968 gained 3.9 percent from 1967. The 2.4 million public high school graduates in 1968 represented 77.6 percent of the class that entered the ninth grade in 1964, compared with 70.9 per-

cent of the ninth grade students in 1959 who remained in school until graduation in 1963.

In 1968, preschool enrollment of children under 6 years of age went up about 94,000 from the previous year, with most of the increase occurring in kindergartens. The 3.92 million children in the first grade in 1968 represented a small decrease from the 3.97 million children in the first grade in 1967.

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Discovering how children in primary grades learn to read and then describing the process is the goal of a new project supported by the Office of Education, one of 28 that are extending basic research in education into such fields as psychology, philosophy, sociology, anthropology, and mathematics.

The projects, which are being conducted at universities and in research centers, are all aimed at advancing knowledge about basic learning problems. A Committee on Basic Research in Education, jointly sponsored by the National Academy of Sciences and the National Academy of Education, selected the research projects.

One of the other projects involves studying the link between motivation to achieve and uric acid, a stimulant similar to caffeine; and another one is attempting to discover the various ways in which children classify words, as an aid to learning and remembering.

Family planning

Research in the development of new methods of contraception is underway in universities, nonprofit organizations, and pharmaceutical companies in 24 States and Canada under 72 contracts made with the Center for Population Research of the National Institute of Child Health and Human Development (NICHD) in the year since the Center's establishment in August 1968. The contracts involve a total of $2,881,000, of which $1.5 million was transferred to NICHD from the Agency for International Development.

The goal of the research, according to Gerald D. LaVeck, M.D., NICHD's director, is to develop "an array of contraceptive methods that are effective, safe, reversible, inexpensive, and suited to the diverse requirements of the world's varied population groups."

The Center has also awarded eight contracts, involving a total of $1.2 million, for studies on the medical effects of contraceptives, including investigation of oral contraceptives and stroke.

In addition, the Center has made 12 contracts, totaling $668,751, for studies in the behavioral sciences to determine effective methods of providing family planning programs, to assess future population trends, and to investigate factors influencing the use of contraceptives.

For the deaf-blind

A new National Center for Deaf-Blind Youth and Adults, designed to provide rehabilitation services for deaf-blind persons, is being established at the Industrial Home for the Blind in Brooklyn, N.Y., under a $600,000 grant awarded in June by the Social and Rehabilitation Service.

The Industrial Home, in an 8-year demonstration project supported by SRS, has extended its services to deaf-blind clients in 15 States in the northeast and mid-Atlantic regions. It is currently serving 230 deaf-blind persons, of whom 59 are children.

The center will offer such rehabilitation services as medical, psychological, social, and vocational evaluation; speech therapy and language development; training for independent travel; vocational training for employment in sheltered workshops; and resettlement for those able to enter the regular work force. Regional offices in the Midwest and Far West are planned.

The establishment of a National Center for Deaf-Blind Youth and Adults coincides with the establishment of eight regional centers that focus on education of deaf-blind children, set up by the Office of Education to meet the needs of children born with double handicaps as a result of the rubella epidemic of 1963–65.

. . .

Five regional centers to serve deaf-blind children in 26 States began operation on June 1. Coordinating agencies for these centers are the Alabama Institute for the Deaf and Blind, Talladega; California State Department of Education, Sacramento; Perkins School for the Blind, Watertown, Mass.; New York Institute for the Education of the Blind, New York City; Washington State School for the Blind, Vancouver. Three other regional centers are planning and developing programs. Coordinating agencies for these centers are the Michigan State School for the Blind, Lansing; Callier Hearing and Speech Center, Dallas, Tex.; and Colorado State Department of Education, Denver.

Miscellaneous

A new organization, the Race Relations Information Center, is beginning operations in September in Nashville, Tenn., as the successor to the Southern Education Reporting Service (SERS). The center will gather information on major aspects of race relations in the United States, carry out journalistic inquiries in the field of race relations, provide reports through news media, and issue occasional papers for general distribution. It predecessor, the SERS, was an organization founded by a group of Southern journalists and educators in 1954 to report regularly on the results in the South of the decision of the Supreme Court of the United States on school desegregation in May of that year.

The final issue of its periodical, *Southern Education Report*, appeared in June 1969. In it Harry Ashmore, former newspaper editor in Little Rock, Ark., points out that the prospect of a racially divided nation can no longer be charged to the South alone, but is "American now, in every sense."

. . .

A collection of teaching materials related to children and their welfare is now available from the Council on Social Work Education. Prepared under a grant from the Field Foundation, the materials include visual aids, audio tapes, teaching records, a source book, an annotated bibliography, and a casebook. These materials are designed for the use of students and faculty members in schools of social work, staff development officers in health and welfare agencies, and teachers in fields related to work with children and their families.

Subject-matter includes concepts of growth and development, methods of working with children and youth, problems and needs of children and families, interaction between individuals and groups, and attitudes. Information about specific materials, which may be ordered individually or as a package,

may be obtained from the Council on Social Work Education, 345 East 46th Street, New York, N.Y. 10017.

• • •

Four leaflets containing information on poison prevention, medical care, education, and social security designed specifically for persons living in innercity neighborhoods have been developed by the Watts Writers Workshop of Los Angeles for the Department of Health, Education, and Welfare. "Poison: Child Playing" provides steps for preventing accidental poisoning in children. "When You Go To The Doctor" tells what to expect in a medical examination. "Do Your Own Thing" stresses the importance of staying in school and outlines some educational opportunities. "Protect Your Future" tells why it is important to get a social security card.

The Watts Writers Workshop, whose participants wrote and illustrated the leaflets, is sponsored by the Douglas House Foundation to provide residents in innercity neighborhoods opportunities to meet for discussions and to receive instruction in creative writing, drama, dance, journalism, consumer education, and photography. It was founded by novelist Budd Schulberg in the wake of the Watts disturbances in August 1965. The workshop participants range in age from 8 to 80 years.

Copies of the leaflets are available on request from the Department's Information Center, Room 1528, North Building, Washington, D.C. 20201.

IN THE JOURNALS

Sudden infant death

Ways of helping parents surmount the emotional trauma of having found an apparently healthy infant dead in his crib are described by Margaret R. Pomeroy in the September 1969 issue of *American Journal of Nursing*. ("Sudden Death Syndrome.") As a nurse in a 3-year research study of the sudden death syndrome (SDS), the author visited 130 families the week after the death of their infant. She reports that the experience has convinced her of the importance of the following measures: the performance of an autopsy and a telephone report to the parents by the doctor who made it; the distribution of a fact sheet on what is known and not known about this mysterious phenomenon; a followup visit to the families of SDS victims by a professional person who is "knowledgeable about the subject" and "familiar with the art of counseling"; and the offer to families of emotional support from other parents who have gone through the same experience.

Stating that more is known about what does not cause such sudden infant deaths than is known about the causes, the author cites a fact sheet distributed by the Children's Orthopedic Hospital in Seattle, Wash., that makes the following points: SDS is neither predictable nor preventable; the victims do not suffocate or suffer; SDS is not hereditary nor is it infectious in the usual way; the disease is as old as Biblical times and occurs in all parts of the world. SDS, the author reports, kills one in 500 infants born in the United States. She describes the nurse's role in relation to sudden infant death as: (1) starting procedures for the identification and reporting of all SDS cases; (2) setting up a program for visiting the families of SDS victims; and (3) holding inservice education programs to prepare nurses for helping families.

Births out of wedlock

In an analysis of trends in illegitimacy since 1940, in the August 1969 issue of the *Journal of Marriage and Family*, Stephanie J. Ventura points to a slight decline between 1965 and 1966 in the rate but not in numbers. She also notes that between 1940 and 1957, the illegitimacy rate rose rapidly, but since 1957, has increased very little. ("Recent Trends and Differentials in Illegitimacy.")

Explaining that the rate of illegitimacy is based on the number of births per 1,000 unmarried women between the ages of 15 and 44, the author, a statistician at the National Center for Health Statistics, reports that the rates that declined the most were those that have been highest—for women 25 to 29 years old, and for women 30 to 34 years old. She also points out that much of the decline in the illegitimacy rate for all women could be accounted for by a decline in the rate for nonwhite women and that in contrast, the rate for white women increased, thus continuing a reduction in the differential in the rates for the two groups that has been occurring since 1950. She reports that between 1960 and 1966 the illegitimacy rate for nonwhite women declined 6 percent, while the rate for white women increased 30 percent.

Pointing out that, nevertheless, the illegitimacy rate was higher among nonwhite than among white women—92.8 and 12.0 respectively in 1966—the author suggests that the differential between the two groups may be based at least in part on the following factors: a difference in the proportion of women who marry following the discovery of a premarital conception; a greater likelihood of underreporting among higher economic groups; the possibility that white unmarried couples make greater and more effective use of contraceptives than nonwhite unmarried couples.

Advocates for health

A neighborhood health center in the Bronx, New York City, has the distinction of being the first center with a health advocacy department, reports Penny Urvant, a staff writer for Volunteers in Service to America (VISTA) in the September 1969 issue of *Public Health Reports*. ("Health Advocates.") Located in the Martin Luther King, Jr., Health Center, sponsored by the Montefiore Hospital, the health advocacy department consists of five lawyers who work to help people of the neighborhood obtain their health-related rights or to

remedy grievances. In doing so, the author reports, they represent neighborhood groups in legal actions, give lectures in the neighborhood on the law in relation to consumers, tenants, the mentally ill, and other groups; and consult with the center's staff on the legal rights of its patients.

According to the author, the health advocates work primarily with groups—gathering data for lawsuits concerning sanitation, advising tenant groups on rent strikes, handling the incorporation of a group starting a day-care center or a credit union—but they also help individuals secure their full rights under public programs.

Changing racial attitudes

A study to change preschool Caucasian children's attitudes toward the colors black and white, and hence their racial attitudes is described in the September 1969 issue of *Child Development*. ("An Exploratory Study of the Modification of Color and Racial Concept Attitudes in Preschool Children," by John E. Williams and C. Drew Edwards.) The authors, both of the psychology department of Wake Forest University, report that laboratory reinforcement procedures employed to weaken the children's negative evaluation of the color black were followed by evidence of reduction in the children's tendency to respond negatively to pictures of black people and positively to pictures of white people.

The study involved eighty-four 5-year-old kindergarten children—46 boys and 38 girls from middle class Caucasian families. To test their concept attitudes toward the colors black and white at the beginning of the experiment, they were shown 12 cards, each with two drawings of an animal or a toy, identical except that one was black and the other white. After a brief story the children were asked to identify which of two drawings the story referred to and in doing so they had to use an evaluative adjective such as *clean, nice, good* or *dirty, naughty, bad*. The same cards were shown to the children four times, each time with a different story. On the whole the children tended to give positive responses for the white pictures and negative for the black.

The laboratory procedures, as reported in the article, involved showing the children the same picture cards 2 weeks later, again four times for each card, but in this session the children were asked to guess the ending of a story. A right guess resulted in an award of candy; a wrong guess in the forfeiture of one of 30 pennies given to the child at the beginning of the session. In each case the "correct" answer placed the black animal or toy in a favorable light.

Two weeks after their second session the children were asked to "play the same game" with cards picturing people, also identical except for color, but this time they were given no rewards until the end of the game. A group of children who had not had the reinforcement sessions were also asked to "play the game."

The authors report that only 48 percent of the children who had had reinforcement procedures showed negative attitudes toward the drawings of black people as against 70 percent of the children in the control group.

guides and reports

NURSERY SCHOOL PORTFOLIO. Association for Childhood Education International, 3615 Wisconsin Avenue NW., Washington, D.C. 20016. A kit of 16 leaflets. 1969. $1.50. (Individual leaflets, 20 cents each.)

Discusses whys and wherefores of nursery schools and various aspects of starting and operating one.

RECOMMENDED READING ABOUT CHILDREN AND FAMILY LIFE, 1969. Child Study Association of America, 9 East 89th Street, New York, N.Y. 10028. 1969. 74 pp. $1.95.

Contains an annotated list of over 270 books, most of them published during the 1960's on subjects related to family life and child rearing, including a section on books for children confronted with special situations, such as adoption, broken homes, physical disabilities, or racial discrimination.

MINNESOTA SYMPOSIA ON CHILD PSYCHOLOGY, Vol. 2. John P. Hill, editor. University of Minnesota Press, Minneapolis, Minn. 55414. 1969. 172 pp. $5.

Presents five papers from a 1967 symposium on research in personality development in children sponsored by the Institute on Child Development of the University of Minnesota.

PLANNING AND IMPLEMENTING SOCIAL WORK PROGRAMS IN COMMUNITY HEALTH SERVICES FOR MOTHERS AND CHILDREN: proceedings of tri-regional workshop, Hotel Webster Hall, Pittsburgh, Pa., February 26–March 1, 1968. Public Health Social Work Program, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pa. 15213. 1969. 165 pp. Free from the University's Public Health Social Work Program.

Contains a compilation of papers from a workshop cosponsored by the Children's Bureau and the University of Pittsburgh, dealing with the planning and carrying out of social work programs in maternity and infant care or children and youth comprehensive health care projects.

THE SEX EDUCATOR AND MORAL VALUES. Isadore Rubin. Sex Information and Education Council of the U.S., 1825 Willow Road, Northfield, Ill. 60093. SIECUS Study Guide No. 10. February 1969. 25 pp. 50 cents.

A guide for helping young people make their own decisions among a "conflicting array of sexual values."

READERS' EXCHANGE

BRIELAND: *A reinforcement*

Donald Brieland's article, "Black Identity and the Helping Person" [CHILDREN, September-October 1969], reinforces both the National Urban League's position and my personal conviction that the black population is more interested in the quality of service than the race of the helping person. The results of a similar study by Dr. Sumati Dubey, using a sample of 535 persons (larger than Dr. Brieland's sample), indicate an even greater "no preference" for race and a greater preference for competence. (Dubey, S. N.: "Blacks' Preference for Black Professionals, Business and Religious Leaders at a Community Level," School of Applied Social Sciences, Case Western Reserve University, Cleveland, Ohio, 1969, unpublished report). Historically, the Urban League has always and will continue to function on the principle that it is an integrated voluntary organization offering services based on competence, not race.

However, there are some other very strong implications for helping persons, particularly in the profession of social work, in both Dr. Brieland's and Dr. Dubey's studies. The focus of both studies is on the individual, specifically the black individual. The great need is for focusing on institutions serving blacks so that effective changes can be brought about in order to begin to offer relevant services to the black population. It is imperative that we look at the social service institutions that have failed to serve the black population effectively. The burden of responsibility must be placed on these institutions and not on the black families and individuals.

Dr. Brieland stated that his study ". . . also emphasizes for white people who work in predominately black neighborhoods the importance of being sensitive to the broad implications of the emerging emphasis on black identity." The importance of this must not be minimized. In fact it is one of the standards for measuring competence. However, the sensitivity must go beyond just sensitivity. Sensitivity to this sense of identity must be the first step in the process of involving blacks in decisionmaking roles throughout all the institutions' activities—as workers, supervisors, administrators, and members of the policymaking boards.

Dr. Brieland suggests the need for further studies in this area. I suggest the need for an all-out effort to bring about changes in institutions serving black families and individuals. My own agency is developing models for systems' change and confrontation in our efforts to help social welfare agencies retool services to become more relevant and responsive to the needs of the black community. Articles like Dr. Brieland's only continue to indicate that black people—like other Americans—desire competent workers who can offer quality service. It is now time for the institutions to respond to that need.

Whitney M. Young, Jr.
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LEWIS, McCOLLUM, SCHWARTZ, and GRUNT: *Informed consent*

The thoughtful article by the Yale group deals with important unresolved difficulties in insuring "informed consent" as a prerequisite for formal research involving children. ("Informed Consent in Pediatric Research," by Melvin Lewis, Audrey T. McCollum, A. Herbert Schwartz, and Jerome A. Grunt, CHILDREN, July-August 1969.) However, I am concerned that the difficulties may be considered so formidable that they discourage much needed systematic investigation of disease in children and force physicians to fall back on the unplanned, anecdotal method to solve their clinical problems.

I suggest that "informed consent" for research must be viewed in the perspective of the everyday relationship between the physician and his child patient. Much of daily pediatric practice is, in reality, informal experiment which requires at least as much conscious consideration of the safeguards discussed by Dr. Lewis and his colleagues. Moreover, pediatricians discuss with parents the balance between risk and benefit whenever diagnostic tests and therapeutic procedures are proposed.

"Informed consent in pediatric research" should be viewed as a very old and familiar issue. Unless this is emphasized, there is a real danger that it will grow into a bug-a-boo which will paralyze efforts to improve the lot of children by properly safeguarded human studies.

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LIVINGSTONE, et al.: *Some unanswered questions*

On the basis of their experience at the Beth Israel Hospital in Boston, the authors of "Comprehensive Child Psychiatry Through a Team Approach" have given us working principles that are readily confirmed by the reader's experience. [John B. Livingstone, Tikvah Portnoi, Norman Sherry, Eliyahu Rosenheim, and Silvio Onesti, Jr., CHILDREN, September-October 1969.] Certainly if a child is in trouble, he needs prompt attention, not an appointment in 3 to 5 months. Certainly if the evaluation of an illness is to be comprehensive, the evaluative team should reserve a place for the pediatrician. And certainly if more than one professional person is entering into the child's problem, they need to be in good communication.

From this article I have the impression of a team with the potential for taking us a good deal further in our thinking about team practice than the authors have done. The team's capacities and resources, as well as its avowed commitment to study, place it in a strategic position to help answer questions about team practice that plague the field. For example, the team approach is practiced characteristically where professional people are on salaries, whereas solo practice supple-

mented by consultation is typical where professional income is determined by fees. Is the consultation method a function of isolation alone?

More should be known about the differences in outcome of these two major methods of helping children in trouble, to determine which is the most effective.

Another contribution to understanding team practice is one the Beth Israel team seems already prepared to make: to illustrate the unique contribution to the team's thinking and operation from the group itself—the product of group processes. When the team comes together, what happens that goes beyond the exercise of individual knowledge and skill adequately communicated? Are the observations of one member sparked or sharpened by those of another? Does diagnostic thinking pyramid and become enriched thereby? Does interaction generate a higher level of creativity than individual parcels collected together? Could the Beth Israel team illustrate from its conferences the presence or absence of a special component that is the product of the *group*?

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HAGBERG: *Using the group*

I agree with Katherine Hagberg that both casework and group work methods are useful in helping children cope with a hospital experience. ("Combining Social Casework and Group Work Methods in a Children's Hospital," CHILDREN, September-October 1969.) I should like, however, to comment on her statement: "Nevertheless, controlling a group as a possessive child giggles, dances, and fights out his point of view can be arduous for the social worker."

Caseworkers often express this fear of not being able to "control" a group, forgetting that the group itself should be the tool for modifying behavior and for solving problems. For example, a 10-year-old boy, admitted to the pediatric division of our hospital for the last stages of a cleft lip and palate repair, refused to talk. In the group, the other children demanded that he talk, saying that it was easier for them to understand his speech than it was to read his mind.

A group of preadolescent girls were very angry at one member who persisted in telling them frightening stories just as they were settling down for the night. With the help of a group worker, the girls quickly realized that the frightening stories grew out of the girl's own fears about sleeping in the strange setting. The members could accept these feelings; they themselves had them. What they refused to accept was her behavior. They then worked with the storyteller on more effective ways of coping with these common fears.

In both instances, the group was successful in modifying behavior in a positive way in a very brief time.

The group work method can be very effective in a hospital setting but it is certainly no cure-all. As Miss Hagberg points out, there are many instances where casework is indicated. For example, a teenage boy was admitted to the emergency room unconscious, with a punctured bladder. A temporary colostomy was performed on him, and he was brought to our adolescent unit. On regaining consciousness, he was a hostile, uncooperative patient, immobilized with fears and fantasies about being damaged sexually. He refused to communicate with nurses, doctors, and patients. However, in individual casework therapy, he gradually learned to trust the worker, who helped him sort out reality and fantasy and kept him prepared for the many procedures and treatments he had to undergo before he was ready for discharge.

I hope with the author that more and more agencies and institutions using social workers will have both methods available. The choice of the method can then be based on the particular needs of the person and his problem.

Anna Bond
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collected readings

CHILDREN'S BEHAVIOR. Rita E. Bergman, editor. Exposition Press, Inc., 50 Jericho Turnpike, Jericho, N.Y. 11753. 1969. 436 pp. $12.50.

ISSUES IN ADOLESCENT PSYCHOLOGY. Edited by Dorothy Rogers. Appleton-Century-Crofts, Educational Division, Meredith Corp., 440 Park Avenue South, New York, N.Y. 10016. 1969. 614 pp. $5.50.

READINGS IN SOCIAL DEVELOPMENT. Edited by Ross D. Parke. Holt, Rinehart & Winston, Inc., 383 Madison Avenue, New York, N.Y. 10017. 1969. 605 pp. $8.95.

MASSIVE PSYCHIC TRAUMA. Edited by Henry Krystal, M.D. International Universities Press, 239 Park Avenue South, New York, N.Y. 10003. 1969. 369 pp. $10.

SOURCEBOOK ON PROBATION, PAROLE AND PARDONS. Third Edition. Charles L. Newman. Charles C Thomas, 301–327 East Lawrence Avenue, Springfield, Ill. 62703. 1968. 469 pp. $14.75.

EXCEPTIONAL INFANT: the normal infant. Volume 1. Jerome Hellmuth, editor. Special Child Publications, 4535 Union Bay Place NE., Seattle, Wash. 98105. 1968. 568 pp. $12.50.

DISADVANTAGED CHILD: Head Start and early intervention. Volume 2. Jerome Hellmuth, editor. Brunner, Mazel, Inc., 80 East 11th Street, New York, N.Y. 10003. 1969. 621 pp. $12.50.

TRAUMA, GROWTH AND PERSONALITY. Phyllis Greenacre, M.D. International Universities Press, 239 Park Avenue South, New York, N.Y. 10003. 1969. 328 pp. $7.50.

PSYCHOTHERAPEUTIC AGENTS: new roles for nonprofessionals, parents, and teachers. Edited with commentaries by Bernard G. Guerney, Jr. Holt, Rinehart & Winston, Inc., 383 Madison Avenue, New York, N.Y. 10017. 1969. 595 pp. $9.95.

BEHAVIORAL IMPLICATIONS FOR CURRICULUM AND TEACHING: interdisciplinary readings. Edited by Robert G. Brown, Ronald A. Newell, and Herman G. Vonk. William C. Brown Book Co., 135 S. Locust Street, Dubuque, Iowa 52001. 1969. 264 pp. $6.50 (paperback).

U.S. Government Publications

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HEW refers to Department of Health, Education, and Welfare; SRS, to Social and Rehabilitation Service; PHS, to Public Health Service; NIH, to National Institutes of Health.

FOOD FOR YOUR BABY'S FIRST YEAR; FOODS FOR THE PRESCHOOL CHILD—AGES 13 MONTHS TO 6 YEARS; and EVAPORATED MILK—A GOOD FORMULA FOR BABIES: SINGLE BOTTLE METHOD; A DAY'S SUPPLY THAT WON'T SOUR; and HEATING AFTER BOTTLING. HEW, SRS, Children's Bureau. 1969. 5 cents each.

Five illustrated, simply written leaflets for parents explaining the kinds of foods needed for healthy growth in early childhood, and how they can be prepared.

AMERICANS VOLUNTEER. Department of Labor, Manpower Administration. Manpower/Automation Research Monograph No. 10. 1969. 43 pp. 50 cents.

Reports the results of a nationwide survey of volunteer workers in organizations providing health, education, recreation, and social services to learn how and to what extent their activities supplement the work of paid employees. The findings indicate that while the more schooling and income a person has the more likely he is to engage in volunteer work, agencies are increasingly looking to low-income people as a source for volunteer help. A concluding chapter raises some unanswered questions: Are wage rates of low-paid jobs depressed by competition from unpaid help? Will increased opportunities for part-time employment in service occupations dry up the source of women volunteers?

THE ACQUISITION AND DEVELOPMENT OF VALUES: perspectives on research; report of a conference, May 15–17, 1968, Washington, D.C. HEW, PHS, NIH, National Institute of Child Health and Human Development. 1969. 65 pp. Single copies free from the Institute.

Reports on a multidisciplinary conference which undertook to examine the influences on the development and nature of moral principles in today's complex, changing society. Among the various points suggested were: that the conflict between materialistic and humanistic values in our society today is not so much a conflict of generations as of segments of society—the young activists tend to be the children of humanist parents; that society is tending to generate a "protean man" whose values change according to the situation with which the child is confronted; that the validity of specific principles such as "honesty" or "justice" can be judged only on the basis of the psychological, historical, and social context of the conduct being assessed.

STATISTICS ON PUBLIC INSTITUTIONS FOR DELINQUENT CHILDREN, 1967. HEW, SRS, Children's Bureau. CB Statistical Series No. 94. 1969. 13 pp. Single copies free from the Bureau.

Includes a summary and nine tables containing data for each State on the number of children living in public institutions for delinquents and on the number, capacity, occupancy, personnel, and operating expenditure of the institutions as of June 30, 1967. According to the statistics, about 53,000 children were living in institutions for delinquents in 1967—an increase of 4 percent over 1966.

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Page 212 (chart), D. Paschell, for the National Institutes of Health.
Page 215, Esther Bubley, for the Children's Bureau.
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